SUBJECT: PANNICULECTOMY

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
- Individual and Family
  - Commercial
  - Care4Kids Program
  - Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of a surgical panniculectomy procedure to remove excess abdominal skin and fat.

POLICY:

Panniculectomy may be indicated when ALL of the following conditions are present:

1) Member has complications from panniculus (e.g., chronic or recurrent intertrigo, other skin infection, ulceration, or skin irritation that has been persistent despite nonsurgical treatment).
   - Rashes are common in intertriginous areas among obese persons and persons who have experienced rapid weight loss. Generally, these are manageable with good hygiene, drying agents, topical antifungal, antibiotic, or corticosteroid medications.
CCHP will require documentation of skin abnormalities (i.e., chronic rash, infection, intertrigo, ulceration) by a medical professional as well as documentation that medically prescribed treatment has not been successful in managing the condition.

2) Panniculus hangs to or below the level of the pubic symphysis, as documented by front and lateral photographs.

3) Panniculus interferes with activities of daily living and the surgery is expected to restore or improve the functional impairment.
   - Activities of daily living (ADLs) are fundamental skills required to independently care for oneself. They include bathing or showering, dressing, eating, getting in and out of bed or a chair, using the toilet, and walking. If a member has difficulty performing an activity by himself/herself and without special equipment, or does not perform the activity at all because of health problems, the member is deemed to have a limitation in that activity.

4) Member’s weight has reached a stable plateau, and there is a documented history of 1 or more of the following:
   a) Adherence to medically supervised, multidisciplinary nonsurgical program of weight loss and/or weight maintenance for at least 12 months, and further weight loss is not expected. This applies both to members who have undergone bariatric surgery and members who have not.
   b) Twelve (12) months or more have elapsed following bariatric surgery.

REFERENCES


Effective: 10/22
Last reviewed: 10/23
Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Panniculectomy Medical UM Policy
Developed by: CCHP Medical Directors