Panniculectomy and Abdominoplasty

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
An abdominoplasty (also known as a “tummy tuck”) is a cosmetic surgical procedure to remove excess abdominal skin and fat, and tighten a lax anterior abdominal wall. A panniculectomy is a reconstructive surgery to remove a panniculus, also called a pannus. The pannus is an overhanging apron of skin and subcutaneous fat in the lower abdominal area. A massive pannus can cause chronic and persistent skin conditions, as well as interfere with activities of daily living.

Abdominoplasty is not a covered benefit. The surgeon may perform this procedure as a separate procedure or combined with panniculectomy. There will be an additional fee not covered by insurance for this cosmetic component of the abdominal wall operation. Panniculectomy only includes removal of lower abdominal tissue. Abdominoplasty may include liposuction, defatting of upper abdomen, tightening of abdominal muscles and re-creation of umbilicus.

Coverage Determination
Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG (formerly Milliman) Criteria # A-0498. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Approval Signatures:
Clinical Quality Committee: Ron Parton MD
Medical Director: Norman White MD

Date: March 25, 2015

Publication History
06-28-06: Original effective date for PHP Internal Criteria
09-09-07: Annual review and revision
04-23-08: Transition to Medical Policy, review and revision
Panniculectomy and Abdominoplasty
MPM 16.5

08-26-09: Annual review and revision
08-25-10: Annual review and revision
08-24-11: Annual review and revision
08-22-12: Annual review and revision
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0498

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on our website at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm