



Guidelines for Medical Necessity Determination for Panniculectomy

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for panniculectomy. A panniculectomy is a surgical procedure to remove the panniculus or excess skin and fat that forms an apron. It does not include tightening of the abdominal muscles (abdominoplasty). These Guidelines address only panniculectomy and are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 433.000 and 450.000 and Subchapter 6 of the *Physician Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) should refer to the MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Panniculectomy is the removal of excessive skin, subcutaneous tissue, and fat of the abdomen. MassHealth considers approval for coverage of panniculectomy on an individual, case-by-case basis, in accordance with 130 CMR 450.204.

Section II. Clinical Guidelines

A. Clinical Coverage

MassHealth bases its determination of medical necessity for panniculectomy on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure (if appropriate, including post-operative recovery). These criteria generally include, but are not limited to, the following:

1. The member is 18 years of age or older.
2. The member has had substantial weight loss, stable for at least six months.
3. The panniculus causes a chronic and persistent skin condition, for example, intertrigo, cellulitis, or tissue necrosis, that has not responded to six months or more of conventional treatment.
4. The panniculus hangs to or below the level of the symphysis pubis.
5. The panniculus either:
 - a. significantly interferes with mobility or activities of daily living (ADL); or
 - b. contributes substantially to a recurrent or extensive incisional hernia or ventral hernia.

6. A comprehensive medical history, surgical history, and physical exam have been conducted to identify functional impairment, including:
 - a. the member's age and current height and weight;
 - b. medication list;
 - c. documented history of clinical symptoms pertinent to the diagnosis, including any interference with mobility or activities of daily living (ADL);
 - d. previous and current use of prescribed or over-the-counter remedies related to dermatologic complications of the panniculus;
 - e. current medical conditions, risk factors, and comorbid conditions; and
 - f. previous surgeries or hospitalizations.
7. The panniculectomy may occur simultaneously with surgery for biopsy-proven cancer to optimize surgical field exposure.

B. Noncoverage

MassHealth does not consider panniculectomy to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following:

1. The member has difficulty in fitting clothes.
2. The panniculectomy is to be performed at the same time of gastric bypass; and
3. The procedure is for cosmetic purposes.

Section III. Submitting Clinical Documentation

Requests for prior authorization for panniculectomy must be accompanied by clinical documentation that supports the medical necessity for this procedure.

- A. Documentation of medical necessity must include all of the following:
 1. the primary diagnosis name and ICD-CM code pertinent to the clinical symptoms;
 2. the secondary diagnosis name and ICD-CM code pertinent to comorbid condition(s);
 3. a summary of the medical and surgical history, including the member's weight-loss history;
 4. documentation of the last physical exam, including the information specified in Section II.A.6;
 5. documentation of recurrent intertrigo, cellulitis, or skin necrosis that has failed to respond to medical management for six months or more;
 6. documentation of ADL restrictions related to the panniculus;
 7. photographic documentation, frontal and lateral views, of the panniculus, taken within the last six months; and
 8. other clinical information that MassHealth may request.
- B. Clinical information must be submitted by the surgeon involved in the member's care. Providers must submit all information pertinent to the diagnosis using the Automated Prior Authorization System (APAS) at www.masshealth-apas.com or by completing a MassHealth Prior Authorization Request form and attaching pertinent documentation.



Select References

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These Guidelines are based on review of the medical literature and current practice in panniculectomy. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

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Approved by:  _____, Medical Director

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