

Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: PANNICULECTOMY

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

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.

Effective: 10/22

Last reviewed: 10/23

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- 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 require 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

1. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. American Society of Plastic Surgeons. 2017 Accessed at: <https://www.plasticsurgery.org>.
2. Barbour JR, Iorio ML, Oh C, Tung TH, O'Neill PJ. Predictive value of nutritional markers for wound healing complications in bariatric patients undergoing panniculectomy. *Annals of Plastic Surgery* 2015;75(4):435-8.
3. Borud LJ, Warren AG. Body contouring in the postbariatric surgery patient. *Journal of the American College of Surgeons* 2006;203(1):82-93. DOI: 10.1016/j.jamcollsurg.2006.01.015.
4. Brower JP, Rubin JP. Abdominoplasty after massive weight loss. *Clinics in Plastic Surgery* 2020;47(3):389-396.
5. Definition of "Activities of Daily Living" from Medicare online glossary: https://www.cms.gov/research-statistics-data-and-systems/research/mcbs/downloads/2008_appendix_b.pdf
6. Evans C, Debord J, Howe H, Marshall JS, Rossi T, Owolabi M. Massive panniculectomy results in improved functional outcome. *American Journal of Surgery* 2014;207(3):441-444.
7. Fracalvieri M, et al. Abdominoplasty after weight loss in morbidly obese patients: a 4-year clinical experience. *Obesity Surgery* 2007;17(10):1319-24.
8. Froylich D, et al. Weight loss is higher among patients who undergo body contouring procedures after bariatric surgery. *Surgery for Obesity and Related Diseases* 2016;12(9):1731-6.
9. Gurunluoglu R. Panniculectomy and redundant skin surgery in massive weight loss patients: current guidelines and recommendations for medical necessity determination. *Annals of Plastic Surgery* 2008;61(6):654-657.
10. Kalra MG, Higgins KE, Kinney BS. Intertrigo and secondary skin infections. *American Family Physician* 2014;89(7):569-73.

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11. Lotfi P, Engdahl R. Concepts and techniques in postbariatric body contouring: a primer for the internist. *American Journal of Medicine* 2019;132(9):1017-1026.
12. Ortega J, Navarro V, Cassinello N, Lledo S. Requirement and postoperative outcomes of abdominal panniculectomy alone or in combination with other procedures in a bariatric surgery unit. *American Journal of Surgery* 2010;200(2):235-240.
13. Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. American Society of Plastic Surgeons. 2017 Jun Accessed at: <https://www.plasticsurgery.org>.
14. Rosenfield LK, Davis CR. Evidence-based abdominoplasty review with body contouring algorithm. *Aesthetic Surgery Journal* 2019;39(6):643-661.
15. Zannis J, Wood BC, Griffin LP, Knipper E, Marks MW, David LR. Outcome study of the surgical management of panniculitis. *Annals of Plastic Surgery* 2012;68(2):194-197.

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