



## **Kaiser Foundation Health Plan- Southern California**

### **Utilization Management (UM) Criteria Plastic Surgery Consultation for Panniculectomy - Medi-Cal, Including Members Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Under the Age of 21**

#### **Utilization Management Criteria Statement**

This document is used to support decisions about practitioner-requested services that require prior authorization (UM). Prior authorization review occurs when a qualified physician other than the treating clinician is reviewing medical information for the purpose of approving, denying, delaying or modifying a service requested by a practitioner on behalf of a Kaiser Permanente (KP) health plan patient. Treatment recommendations should be guided by professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the library under "Guidelines".

Medical necessity criteria are applied only after KP health plan eligibility and benefit coverage is determined. Questions concerning eligibility and benefit coverage need to be directed to Membership Services.

#### **Definitions**

##### **Reconstructive Surgery**

Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function but may also be done approximate a normal appearance. (1), (2)

##### **Cosmetic Surgery**

Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. (1), (2)

##### **Panniculectomy**

Removal of excess skin and soft tissue from the abdominal wall without umbilical transposition. It is limited to removal of the overhanging pannus without mobilizing surrounding soft tissue.

## Medical Necessity Criteria for Plastic Surgery Consultation Only

These criteria rules serve to validate that the appropriate diagnostic or therapeutic interventions have been attempted prior to obtaining approval for the requested specialist consult.

All of the below:

1. Relevant history and physical findings from the primary care physician or other physician requesting the plastic surgery consultation must establish medical necessity.
  - i. For Managed Medi-Cal members under 21 years of age, the EPSDT Medical Necessity definition will be used to determine if services are necessary. State and federal law define a services as “medically necessary” for the EPSDT population if the service is necessary to correct or ameliorate defects and physical and/or mental illnesses and conditions. Panniculectomy services need not cure a condition in order to be covered.
2. Panniculectomy is considered medically necessary when ALL of the following criteria have been met:
  - a. Pannus covering the region of the entire mons pubis. This overhang may be central or lateral as documented by clinical notes.
  - b. Body Mass Index (BMI) less than 35 at the time of the referral to plastic surgery for consultation patients with BMI greater than 30 must be actively involved in a weight reduction program.
  - c. No less than 12 months post-bariatric surgery with stable weight for a minimum of 6 months; OR
  - d. Stable weight for a minimum of 6 months when loss of weight not a result of bariatric surgery
3. Patients who smoke must be nonsmoking for 3 months or longer and be tested to be nicotine free.

## Criteria Exceptions

None

## Medical Necessity Criteria Contraindications

1. Active smoker with no plans to quit smoking.

2. Obesity is a risk factor for poor surgical outcome. Individuals with a BMI greater than or equal to 30 should be referred to a weight loss program and achieve stability with the weight loss prior to surgical consultation.

### Contributors/ Clinical Experts

1. Arthurs, ZM., Cuadrado D., Sohn, V., Wolcott, K., Lesperance K., Carter, P., Sebesta, J. Post-bariatric panniculectomy: pre-panniculectomy body mass index impacts the complication profile
2. Noridian Local Coverage Determination, Plast Surgery, LCD number L33482, Updated January 2013.
3. Dong-Joon Lee, M.D., F.A.C.S. (DJ) Regional Chief of Plastic Surgery, SCPMG Plastic Surgeon, Department of Plastic Surgery

### Approving Bodies

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Utilization Management Steering Committee (UMSC)	8/21/2017, 8/24/2018, 8/26/2019, 11/30/2020, 1/12/2022, 3/27/2023, 8/28/2023, 08/26/2024