



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

### **Utilization Management (UM) Criteria Plastic Surgery Consultation for Panniculectomy-Medicare**

#### **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.
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. Medicare Benefit Policy Manual – Pub. 100-02, Chapter 16, Sections 10,120 and 180
3. Medicare National Coverage Determinations Manual – Pub. 100-04, Chapter 32, Section 260
4. Noridian Local Coverage Determination, Plast Surgery, LCD number L33482, Updated January 2013.

5. Dong-Joon Lee, M.D., F.A.C.S. (DJ) Regional Chief of Plastic Surgery, SCPMG  
 Plastic Surgeon, Department of Plastic Surgery

**Approving Bodies**

Dong-Joon Lee, M.D., F.A.C.S. (DJ) Regional Chief of Plastic Surgery, SCPMG Plastic Surgeon, Department of Plastic Surgery	7/2016, 8/3/2017, 8/24/2018, 8/21/2019, 8/18/2020, 3/13/2023, 08/28/2023,08/26/2024
John Brookey, MD William Cory, MD SCAL Health Plan UM Physician Advisors	8/25/2016, 8/21/2017, 8/24/2018, 8/26/2019, 11/30/2020, 3/27/2023,08/28/2023, 08/26/2024
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