
Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
 - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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I. Specialty: Plastic and Reconstructive Surgery

II. Coverage

- A.** In general, Kaiser Foundation Health Plan, Inc. (KFHP) coverage for plastic and reconstructive surgery is contractually limited to those procedures that are intended to significantly improve physical function.
- B.** Procedures and services intended to improve or maintain appearance, not expected to significantly improve physical function, are considered cosmetic and usually excluded contractually.
- C.** Inform your patient that certain plastic surgery procedures may not be covered benefits because of specific exclusions in their or their employer's contract with KFHP. Note that contracts may differ significantly for Maryland, Virginia, DC, Federal, Medicare, and for self-pay members.
- D.** A Kaiser Permanente-participating physician must order imaging and testing necessary to establish a diagnosis
- E.** Direct patient inquiries on plastic and reconstructive surgery benefits to Member Services.

III. Coverage Criteria

- A.** Panniculectomy is a covered service when ALL of the following criteria are met:
 - 1.** Pannus is Grade II or above as documented by clinical notes and/or pre-operative notes; **and**
 - 2.** Pannus has caused chronic and persistent skin condition (panniculitis, intertriginous dermatitis, cellulitis, and skin ulcerations) that is unresponsive and refractory to three or more months of medical treatment. Medical treatment should consist of good hygiene practices, topical antifungals, topical and/or systemic corticosteroids, and local and/or systemic antibiotics; **and**
 - 3.** Pannus interferes with activities of daily living.
- B.** Panniculectomy performed in conjunction with abdominal or gynecological procedures (such as hysterectomy, obesity surgery, including hernia repair that are reducible and have associated symptoms) is considered medically necessary if all the criteria for performing panniculectomy (III



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- A.) have been met or there is persistent documented infection which cannot be resolved with medical treatments;
- C. Panniculectomy is considered medically necessary in relation to the abdominal or gynecological procedures when the panniculectomy will reduce excessive skin tension that may impair wound healing;
- D. Select patients undergoing renal transplant whose large pannus creates a very high risk for wound complications should be considered for a medically necessary panniculectomy pre-transplant.
- E. Other redundant skin and fat removal surgeries, including but not limited to brachioplasty, thigh lift, back lift are covered if there is clear documentation of significant functional deficits, including:
 - 1. Interference with activities of daily living due to the redundant soft tissues limiting range of motion; and
 - 2. Pain due to the redundant tissue requiring evaluation by a medical professional; and
 - 3. Skin breakdown and skin infections including fungal infections due to friction in the intertriginous zones that don't respond to three or more months of medical treatment. Medical treatment should consist of good hygiene practices, topical antifungals, topical and/or systemic corticosteroids, and local and/or systemic antibiotics.

IV. Restrictions/Limitations

- A. In addition to the Section III criteria, obese patients (BMI greater than 35) must receive nutrition education for 3 or more months, as follows:
 - 1. Documentation of attendance of professional nutrition class such as KPMAS Nutrition for Weight Control; and,
 - 2. Documentation and completion of two or more individual professional nutrition counseling sessions are required.
- B. In addition to criteria A. above, if the panniculectomy is being performed after significant weight loss documentation, it must be documented that the **patient has maintained a stable weight for a minimum of six (6) months.**
- C. If the significant weight loss is the result of bariatric surgery, panniculectomy should not be performed until eighteen (18) months post bariatric surgery and when the weight loss has been stable **for the most recent six (6) months.**

V. Exclusions

Panniculectomy is not medically necessary and not a covered benefit for any of the following indications (list is not inclusive):

- A. Treatment of neck or back pain;
- B. Minimizing risk of hernia formation or recurrence;
- C. Repairing abdominal wall laxity or diastasis recti;



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- D. Suction assisted lipectomy performed alone and not as a part of a medically necessary panniculectomy procedure, is not medically necessary and not a covered benefit;

VI. Grading Scale:

- A. Grade 1: the panniculus reaches the pubic hair but not the genitals
- B. Grade 2: the panniculus lies over the genitals down to the thigh crease
- C. Grade 3: the panniculus reaches down to the upper thigh.
- D. Grade 4: the panniculus hangs down to mid-thigh level.
- E. Grade 5: the panniculus reaches the knees.

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Approval History

Date approved by RUMC*	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
04/25/2017	04/26/2017
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*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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