

Blue Cross Complete Clinical Practice Guideline Summary Panniculectomy/abdominoplasty

Information	nrovided by	Michigan	Accordation	of Health Plans	
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Source: Michigan Association of Health Plans, revisions approved by the MAHP Medical Directors July 2011, 2015, 2017, 2019, 2021

of Michigan	Information provided by Michigan Association of Health Plans
Purpose	To provide high-quality medical care with reasonable and uniform determination of medical necessity for coverage of requested services. This guideline
	assists in defining covered services. Procedures not listed below require submission of documentation and review with a medical director for
	determination of medical necessity.
Description	Abdominoplasty is a procedure involving the removal of excess abdominal skin and/or fat with or without tightening lax anterior abdominal wall
	muscles. Panniculectomy is a procedure designed to remove fatty tissue and excess skin (panniculus) from the lower to middle portions of the
	abdomen.
Criteria	Abdominoplasty and Panniculectomy are medically necessary when ALL of the following criteria are met:
	Panniculus hangs below the level of the symphysis pubis, as demonstrated in the medical record or pre-operative photographs.
	Medical documentation must show a stable weight for a minimum of 6 months post bariatric surgery or weight loss program.
	Panniculectomy should not be performed until 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.
	The Member's medical record must show documentation of ulcerations or infections (bacterial or fungal) unresponsive to at least six months of conservative management by a physician or infectious disease specialist. Photographic documentation (frontal and lateral views) may be requested showing the presence of chronic skin changes.
	The procedure must be ordered and performed by a plan-affiliated or contracted general or plastic surgeon. It must be performed at an affiliated or contracted facility.
	Must reference benefit plan.
	Medical Director review is required.

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