

Abdominoplasty/ Panniculectomy

Administrative Process

Requires prior approval.

Definitions

Abdominoplasty is surgery performed to remove excessive fat and skin from the abdomen. It is usually performed in order to improve the appearance of the patient.

Panniculectomy is the surgical excision of the abdominal apron of superficial fat, and may also be referred to as abdominoplasty.

Diastasis recti abdominis is the separation of the rectus muscles of the abdominal wall, which sometimes results in herniation of the abdominal viscera and may occur during pregnancy.

Coverage

Generally not covered for cosmetic reasons to improve the appearance of the patient, but may be covered subject to the criteria listed below:

Indications that are covered

1. **Diastasis rectus repair:** To correct the separation of the rectus muscles of the abdominal wall (diastasis rectus) when the condition is severe as measured by the following:
 - A. Persistent abdominal tenderness
 - B. Clinical palpation of abdominal viscera which jeopardizes function of the abdominal wall. This may include, but is not limited to, its role in posture, trunk stability, respiration and trunk flexion, rotation and side bending.
2. **Panniculectomy** requirements are :
 - A. The panniculus hangs below the level of the pubis, and **all** of the following:
 - B. Chronic and recurrent skin conditions (cellulites, skin necrosis, open areas) have failed to respond to (or be managed by) conservative medical treatment for 6 months of medically supervised therapy; and
 - C. Physician visit notes are submitted indicating the nature of the skin condition, treatments attempted and the response to treatment as described above in "B"; and
 - D. Front and lateral photographs demonstrating the size of the pannus and skin condition must be submitted.
 - E. Panniculectomy requests after gastric bypass surgery must meet criteria A through D. In addition the member must have attained adequate weight loss and have maintained that weight loss for at least 6 months.

Indications that are not covered

1. Abdominoplasty
2. Any of these procedures when performed for cosmetic reasons.

Products

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 800-233-9645.

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