

Affected Programs: BadgerCare Plus, Medicaid

To: Physician Clinics, Physicians, HMOs and Other Managed Care Programs

New Prior Authorization Criteria for Panniculectomy and Lipectomy Surgeries

Panniculectomy and lipectomy surgeries are covered by ForwardHealth with prior authorization (PA). This *ForwardHealth Update* introduces the new PA approval criteria for panniculectomy and lipectomy surgeries effective for PA requests received on and after February 3, 2014.

General Coverage Information

Panniculectomy and lipectomy surgeries are covered by ForwardHealth with prior authorization (PA). This *ForwardHealth Update* introduces new PA approval criteria for panniculectomy and lipectomy surgeries effective for PA requests received on and after February 3, 2014.

Panniculectomy, a procedure closely related to abdominoplasty, is the surgical excision of a redundant, large and/or long overhanging apron of skin and subcutaneous fat located in the lower abdominal area. The condition may accompany significant overstretching of the lax anterior abdominal wall and, hence, often occurs in morbidly obese individuals or following substantial weight loss.

Lipectomy is a surgical technique that is used to remove unwanted fat deposits from specific areas of the body. These areas include the chin, neck, cheeks, upper arms, above the breast, abdomen, buttocks, hips, thighs, knees, calves, and ankles. It is not a substitute for weight reduction, but it is a method of removing localized fat that does not respond to dieting and exercise. Covered lipectomy services are done to treat functional impairment.

Note: Abdominoplasty, also referred to as a “tummy tuck,” is a surgical procedure that tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat. This procedure is not associated with functional improvements and is considered to be cosmetic. Abdominoplasty and liposuction are not covered by ForwardHealth, even when independent of, or incidental to, covered panniculectomy or lipectomy surgery.

Prior Authorization Approval Criteria for Panniculectomy and Lipectomy Surgeries

Panniculectomy surgery is considered medically necessary if the panniculus hangs below the level of the pubis **and** either one of the following criteria is met:

- The medical record documents that the panniculus causes chronic intertrigo that is refractory to at least three months of appropriate medical therapy or consistently recurs over three months while receiving appropriate medical therapy.
- There is a presence of a significant functional deficit that prohibits or profoundly impairs the ability to perform activities of daily living due to a significant physical deformity or disfigurement resulting from the excess skin folds, and surgery is expected to restore or greatly improve the functional deficit. Examples of this would be deficits that prohibit a member from being able to properly shower or toilet.

Lipectomy surgery is considered medically necessary if at least one of the following criteria is met:

- The medical record documents that the excess skin folds cause a chronic intertrigo that is refractory to at least three months of appropriate medical therapy or consistently recurs over three months while receiving appropriate medical therapy.
- There is presence of a significant functional deficit that prohibits or profoundly impairs the ability to perform activities of daily living due to a significant physical deformity or disfigurement resulting from the excess skin folds, and surgery is expected to restore or greatly improve the functional deficit. Examples of this would be deficits that prohibit a member from being able to properly shower or toilet.

Note: If the procedure is being performed following significant weight loss, in addition to meeting the PA criteria, there should be evidence documented in the member's medical records that the individual has maintained a stable weight for at least six months. If the weight loss is the result of bariatric surgery, panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.

For information regarding PA criteria for bariatric surgeries, refer to the Bariatric Surgery topic (topic #12177) in the Prior Authorization Guidelines chapter of the Prior Authorization section of the Physician service area of the Online Handbook.

Panniculectomy for any other indication is not covered, including the following:

- Treatment of back, knee, or neck pain.
- In conjunction with hernia repair, unless the member meets the above-stated criteria for panniculectomy.

The approval criteria for PA requests for panniculectomy and lipectomy surgeries are also included in the Attachment of this *Update*.

How to Submit Prior Authorization Requests

All of the following must be included as part of a PA request for panniculectomy or lipectomy surgery:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).
- Documentation supporting the criteria in the Prior Authorization Approval Criteria for Panniculectomy and Lipectomy Surgeries section of this *Update*.

Providers may submit PA requests via the ForwardHealth Portal, including the capability to upload electronically completed PA attachments and additional required documentation. Providers may refer to the Portal User Guide available on the ForwardHealth Portal for instructions on submitting PA attachments.

Providers may submit PA requests by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

For complete PA information, refer to the Physician service area of the Online Handbook.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

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