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The Department of Vermont Health Access **Supplement to InterQual® Criteria**

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Panniculectomy
Last Review: June 26, 2024
Past Revisions: N/A

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Per InterQual®, panniculectomy, is an operative procedure used for abdominal wall contouring, changing the shape and form of the abdomen by removing significant excess skin and subcutaneous adipose tissue. This procedure is performed on patients with a large overhanging abdominal panniculus. A panniculus is an apron of hanging fat and skin, may be performed with or without an abdominoplasty or "tummy tuck," a surgical procedure that tightens the abdominal wall muscles, removes excess skin and fat, and provides contouring to enhance the waistline.

Criteria Supplemental to InterQual®

Panniculectomy surgery may be covered for members who:

- Meets panniculectomy InterQual® criteria, **AND**
- The panniculus is grade 2 or greater, **AND**
- Non-healing rashes, infections, abscesses, or non-healing ulcers persist despite aggressive conservative treatment (such as antibiotics, antifungals, good hygiene of dressing changes) for at least 3 months **AND**
- There is difficulty with ambulation or interference with activities of daily living (ADL) (e.g., unable to maintain personal hygiene)

Providers must submit photographs of sufficient quality to document the grade of panniculus and demonstrating skin changes, rashes, infection, or ulcers that are present due to the panniculus.



Panniculus grading, per American Society of Plastic Surgeons (ASPS) 2017:

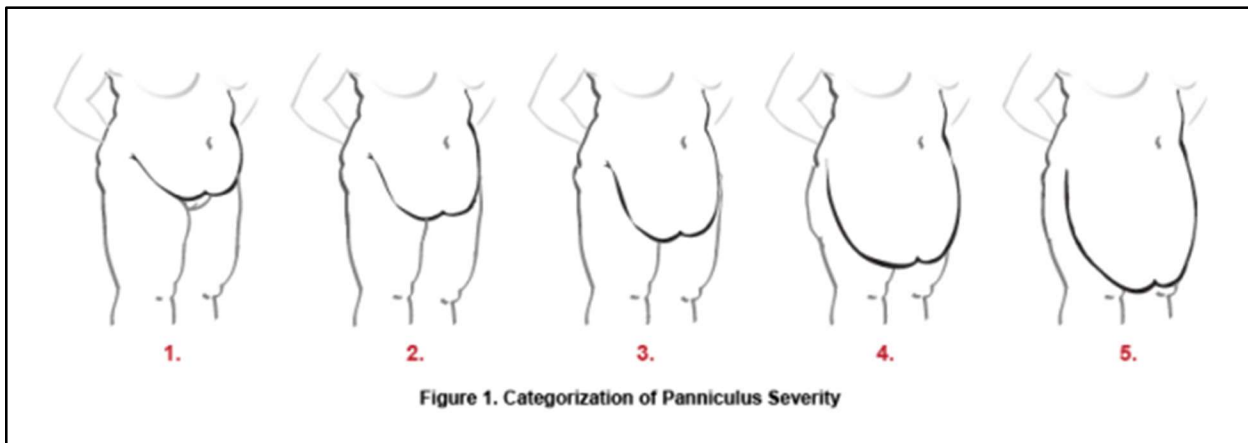
Grade 1: panniculus covers the hairline and the mons pubis but not the genitals

Grade 2: panniculus covers the genitals and upper thigh crease

Grade 3: panniculus covers upper thigh

Grade 4: panniculus covers mid-thigh

Grade 5: panniculus covers the knees or below



Type of service or procedure not covered (this list may not be all inclusive)

- Panniculectomy for cosmetic indications
- Panniculectomy does not include flap elevation, muscle placcation, or neoumbilicoplasty.
- Abdominoplasty
- Diastasis recti repair
- Panniculectomy for minimizing the risk of hernia formation or recurrence

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Coverage Position

Panniculectomy surgery may be covered for members:

- When the procedure is ordered by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation’s website*, Statute, or rule who is knowledgeable regarding panniculectomy surgery, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont’s Office of Professional Regulation’s website: <https://sos.vermont.gov/opr/>

References

- American Society of Plastic Surgeons. (2017a). *Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients*.
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- American Society of Plastic Surgeons. (2019). *ASPS Recommended Insurance Coverage Criteria for Third-Party Payers Panniculectomy*.
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- Centers for Medicare and Medicaid Services. (n.d.). *Early and periodic screening, diagnostic, and treatment*. Medicare Coverage Database.
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- Earle, D., Roth, J.S., Saber, A., Haggerty, S., Bradley, J.F., Fanelli, R., Price, R., Richardson, W.S., & Stefanidis, D. (2016). SAGES guidelines for laparoscopic ventral hernia repair. *Surgical Endoscopy*, 30(8), 3163–3183. <https://doi.org/10.1007/s00464-016-5072-x>
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- Lesko, R.P. Cheah, M.A., I Sarmiento, S., Cooney, C.M., & Cooney, D.S. (2020). Postoperative complications of panniculectomy and abdominoplasty: A retrospective review. *Annals of Plastic Surgery*, 85(3), 285-289. <https://doi.org/10.1097/sap.0000000000002220>
- Sachs, D., Sequeira Campos, M., & Murray, J. (2023). *Panniculectomy*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK499822/#:~:text=Introduction>

This document has been classified as public information.