

PRIOR APPROVAL REQUEST ABDOMINAL PANNICULECTOMY (354N)

To request that abdominal panniculectomy be insured, this form must be **completed in full by the appropriate specialist**. Mail completed forms and photos to Medical Services Branch (Casework Unit), 3475 Albert Street, Regina, SK, S4S 6X6. **Only completed forms, with all criteria included, will be considered. The following are not indications for abdominal panniculectomy:** back pain, multiple gestation, previous cesarean section, tethered abdominal scars, postural changes, or rectus diastasis.

Patient Information:

Last Name, First Name	HSN	Date of birth
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Physician Information:

Last Name, First Name	MSB Billing Number	Fax Number	Phone Number
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ALL of the following four (4) criteria must be met in order for abdominal panniculectomy to be insured, as outlined in Section N of the Physician Payment Schedule:

Patient has experienced weight loss with a previous Body Mass Index (BMI) of at least 40 or greater, AND;
 Previous BMI: _____ Previous weight: _____ Height: _____

Patient has a current Body Mass Index (BMI) of 30 or less, AND;
 Current BMI: _____ Current weight: _____

Patient has maintained this weight for a period of no less than 12 months, AND;
 Length of time patient has maintained current weight: _____

Patient has chronic and recurrent skin condition (cellulitis, skin necrosis, ulcers under the pannus) which has failed to respond to (or be medically managed by) conservative medical treatment for 6 months of medically supervised therapy.

Please provide details of the patient's chronic and recurrent skin condition, including length of time that the patient has not responded to conservative treatment and the type of therapy (including antibiotics):

Physician managing skin condition: _____ Diagnosis: _____

Start date of treatment: _____ End date of treatment: _____

Type of treatment/therapy: _____

Good quality, colour photos enclosed

Physician signature

Date

MSB USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Medical Services Branch Signature	Date

PATIENT INFORMATION SHEET ABDOMINAL PANNICULECTOMY

Please provide this information to the patient upon completion of the Prior Approval Request Form

Approval Criteria

All of the following four (4) criteria must be met in order for abdominal panniculectomy to be insured. Your specialist must provide this information to the Medical Services Branch (MSB). MSB does not consider any other criteria.

1. The patient has experienced weight loss with a previous Body Mass Index (BMI) of at least 40 or greater, AND
2. The patient has a current Body Mass Index (BMI) of 30 or less, AND
3. The patient has maintained this weight for a period of no less than 12 months, AND
4. The patient has chronic and recurrent skin condition (cellulitis, skin necrosis, ulcers under the pannus) which has failed to respond to (or be managed by) conservative medical treatment for 6 months of medically supervised therapy.

Process & Timelines

- Requests are handled on a first-in/first-out basis.
- Timelines for completion vary depending on the nature of the request.
- MSB does not provide information to patients on the status of the request (ie: where the request is in the queue).

Decisions

- Once your request has been adjudicated, the decision is sent in writing to your specialist and your specialist will contact you directly.
- MSB does not provide or discuss the reasons/rationale for the decision directly to patient; this should be obtained directly from the referring specialist.
- Any requests to have the decision re-reviewed by MSB must be submitted as a new request by an appropriate specialist.

Please consult your specialist for any questions and concerns regarding this process.