

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. 14,370

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Appeal of)

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INTRODUCTION

The petitioner appeals a decision by the Department of Social Welfare denying coverage under the Medicaid program for an abdominoplasty on the basis that it is cosmetic surgery.

FINDINGS OF FACT

1. The petitioner is a thirty-nine-year-old disabled man who is a Medicaid recipient. In 1985 he underwent a gastric bypass (stapling and binding) in order to control morbid obesity. (He weighed 349 pounds.) As a side-effect of that operation he underwent several surgical procedures to repair hernias since that time.
2. As a result of the rapid weight loss, the petitioner has a layer of extra fat on his abdomen which his physician would like to remove through surgery known as an abdominoplasty. His surgeon advised the Department of Social Welfare that the fold of fat made it painful for the petitioner to walk, was "painful" smelling at times, "painful to walk", and was "distended at the end of the day."
3. The matter was referred to "Healthpro" a private contractor with DSW which does pre-authorization reviews. A determination was made by a physician in that organization that the abdominoplasty was non-covered cosmetic surgery and could not be authorized unless there was documentation of clear medical problems that would respond to only this type of treatment.
4. In response to this denial, the petitioner appealed and presented evidence showing that the purpose of the surgery was to decrease his back pain and bladder complaints and to increase his mobility, not for weight reduction. He presented a letter from his urologist which stated:

I performed bladder augmentation on [petitioner] because of a reduced capacity bladder. He needs to undergo an abdominal wall plasty because of his multiple abdominal surgeries. . . .
5. Although the information presented by this pro se petitioner is not detailed, it can be fairly inferred

that the purpose of the surgery requested is to relieve pressure on his abdominal wall which has already been weakened by several surgeries and to relieve pressure on his bladder which has also been subjected to surgery. That pressure is caused by the fold of fat hanging from his abdomen and its removal is for the purpose of removing the pressure and not primarily cosmetic in purpose.

ORDER

The decision of the Department is reversed.

REASONS

The Medicaid regulations prohibit coverage of any surgery which is cosmetic as follows:

Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery encompasses any surgical procedure directed at improving appearance (including removal of tattoos), except when required for the prompt repair of accidental injury or the improvement of the functioning of a malformed body member. For example, the exclusion does not apply (and payment would be made) for surgery in connection with treatment of severe burns or repair of the face following an auto accident, or for surgery for therapeutic purposes which coincidentally serves some cosmetic purpose. In questionable cases, authorization prior to performing surgery should be requested from the Medicaid Division.

M615

The evidence in this matter shows that the surgery requested by the petitioner's physicians is directed at improving the functioning of his bladder, his general mobility and relieving his back pain. It is not directed at improving his appearance although it may coincidentally serve that purpose. As such, the surgery does not fall under the prohibition against cosmetic surgery found at M615 and should be a covered service under the Medicaid program.

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