



Panniculectomy SRG-014

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|-----------------------|--------------------------------------|----------------|------------|
| Iowa Medicaid Program | Prior Authorization | Effective Date | 7/1/2008 |
| Revision Number | 11 | Last Rev Date | 10/18/2024 |
| Reviewed By | Medicaid Medical Director | Next Rev Date | 10/17/2025 |
| Approved By | Medicaid Clinical Advisory Committee | Approved Date | 10/21/2016 |

Criteria

Prior authorization is required.

ALL of the following must be documented:

1. A recent 6-month or longer period of conservative measures that failed to alleviate symptoms; **AND**
2. Recent pictures demonstrating the degree of excessive skin and any skin irritations; **AND**
3. Current stable BMI over the 6-month period of conservative measures; **AND**
4. If status post bariatric surgery, must be at least 1 year post-op; **AND**
5. Panniculus hangs at or below symphysis pubis; **AND**
6. **TWO** of the following:
 - a. History of chronic back pain, **OR**
 - b. Chronic abdominal pain (including of the panniculus itself), **OR**
 - c. Intertriginous skin infections and/or dermatitis involving the panniculus and adjacent areas, **OR**
 - d. Impaired ambulation due to the panniculus itself or its effect on body mechanics or body structures, **OR**
 - e. Difficulty performing ADLs or IADLs due to the panniculus itself or its effect on body mechanics or body structures.

May also request a hernia repair at same time. If reviewer approves panniculectomy, then approve hernia repair.

Hernia repairs alone do not require a PA.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to

reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

| CPT | Description |
|-------|--|
| 15830 | Panniculectomy - Excision, excessive skin and subcutaneous tissue (includes lipectomy). |
| 15847 | Abdominoplasty - (This code may or may not be requested at the same time. If it is, approve both codes if above criteria met.) |

References

Panniculectomy ACG: A-0498 (AC) Milliman Care Guidelines 27th Ed. Last Update: 9/21/2023.

Sachs D. Miguel B. Campos S. Murray J. Panniculectomy. National Library of Medicine. Last Update July 18, 2023.

Cosmetic and Reconstructive Surgery. LCD ID 33428. CMS. For services performed on or after 07/29/2021.

Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive weight Loss Patients. American Society of Plastic Surgeons. Approved by the ASPS Executive Committee: June 2017.

Kantar RS. Rifkin WJ. Wilson SC. et. al. Abdominal Panniculectomy: Determining the Impact of Diabetes on Complications and Risk Factors for Adverse Events. Plastic Reconstructive Surgery. 2018 Oct; 143(4): 462e-471e.





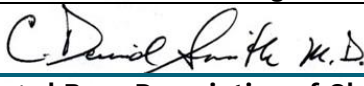
Kuruoglu D. Salinas CA. Tran NV. et.al. Abdominal Panniculectomy: An Analysis of Outcomes in 238 Consecutive Patients over 10 Years. Plastic Reconstructive Surgery Glob Open. 2021 Nov; 9(11): e3995.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

| Change Date | Changed By | Description of Change | Version |
|------------------|------------|-----------------------|---------|
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |

Criteria Change History

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|---|-------------------|---|----------------|
| 10/18/2024 | CAC | Annual Review. References updated. | 11 |
| Signature | | | |
| William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/20/2023 | CAC | Annual review. | 10 |
| Signature | | | |
| William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/21/2022 | CAC | Annual review. Formatting changes. | 9 |
| Signature | | | |
| William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/15/2021 | CAC | Annual review. Minor formatting changes. | 8 |
| Signature | | | |
| William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/21/2016 | CAC | Re-wording of criteria #1 and #3. | 7 |
| Signature | | | |
| C. David Smith, MD  | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/9/2015 | Medical Director | Minor wording changes and formatting for clarity and addition of development reference. | 6 |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 11/3/2014 | Policy | In criteria section - hernia repairs (added "alone") do not require a PA. | 5 |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/17/2014 | Medical Director | Added reference LCD L30733. | 4 |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 10/17/2014 | CAC | Removed criterion #7. | 3 |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 3/22/2013 | Policy | Added criterion #7. | 2 |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 1/18/2013 | CAC | Re-order and added information to Criteria #1-#6. Added information under References. | 1 |
| Signature | | | |

CAC = Medicaid Clinical Advisory Committee