

Panniculectomy SRG-014

Iowa Medicaid Program:	Prior Authorization	Effective Date:	7/1/2008
Revision Number:	10	Last Rev Date:	10/20/2023
Reviewed By:	Medicaid Medical Director	Next Rev Date:	10/18/2024
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

http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/mm_0027_coveragepositioncriteria_abdominoplasty_and_panniculectomy.pdf. Accessed January 17, 2013.

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/BodyContouring_CD.pdf. Accessed January 17, 2013.

<http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-panniculectomy.pdf>. Accessed January 17, 2013.

http://www.aetna.com/cpb/medical/data/200_299/0211.html. Accessed January 17, 2013.

LCD L30733 - <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30733&ContrId=144&ver=30&ContrVer=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Final&s=All&KeyWord=panniculectomy&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAAABAAAAAAAAA%3d%3d&>. Accessed October 17, 2014.

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
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Signature

Change Date	Changed By	Description of Change	Version
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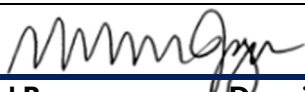
Signature

Change Date	Changed By	Description of Change	Version
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10/20/2023	CAC	Annual review.	10
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William (Bill) Jagiello, DO




Change Date	Changed By	Description of Change	Version
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10/21/2022	CAC	Annual review. Formatting changes.	9
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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
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10/15/2021	CAC	Annual review. Minor formatting changes.	8
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William (Bill) Jagiello, DO

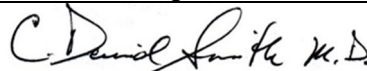


Change Date	Changed By	Description of Change	Version
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10/21/2016	CAC	Re-wording of criteria #1 and #3.	7
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C. David Smith, MD



Change Date	Changed By	Description of Change	Version
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10/9/2015	Medical Director	Minor wording changes and formatting for clarity and addition of development reference.	6
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Change Date	Changed By	Description of Change	Version
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11/3/2014	Policy	In criteria section - hernia repairs (added "alone") do not require a PA.	5
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Change Date	Changed By	Description of Change	Version
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10/17/2014	Medical Director	Added reference LCD L30733.	4
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Change Date	Changed By	Description of Change	Version
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10/17/2014	CAC	Removed criterion #7.	3
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Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
3/22/2013	Policy	Added criterion #7.	2

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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

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