

JE PRIOR AUTHORIZATION CHECKLIST- PANNICULECTOMY

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [LCD - Plastic Surgery \(L35163\)](#)
- [Billing and Coding Article - Plastic Surgery \(A57221\)](#)

Documentation Reference

- [Part B Prior Authorization for Panniculectomy](#)
- [Part B ASC Prior Authorization Request Coversheet](#)

General Documentation Requirements

- ☐ Procedure clearly described and matches requested CPT code(s)
- ☐ Progress notes proving issue has been present and refractory to conservative treatment for three months prior to the date of service (common reason for denial)
- ☐ Pictures demonstrating recalcitrant skin compromise (not required except upon request)
- ☐ Detailed documentation denoting size of pannus, denoting interference with body function as well as specific ADLs, i.e., wear regulation clothing, climb a pole, etc.
- ☐ Demonstration of problems with the skin/lesion, i.e: chronic wound/rash, recurrent/repeatedly failing standard therapy, interfering with service industry work, offensive odor (offensive to friends/family/coworkers) that medical resection is necessary.

Panniculectomy Requirements

This procedure may be done after weight loss surgery where there has been a great deal of weight loss with significant skin redundancy with complicating factors as above.

Per IOM Publication 100-02, Chapter 16, cosmetic surgery and expenses incurred in connection with such surgery are not covered. This exclusion does not apply to surgery in connection with the treatment of severe burns, facial repair following auto trauma, or similar surgeries for therapeutic purposes or reconstruction.

Services billed with a diagnosis code that is not listed in the ICD-10-CM codes that support medical necessity section may be considered at redetermination on a case-by-case basis.