

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 References

- [Plastic Surgery LCD Policy \(L35163\)](#)
- [Policy Article \(A57221\)](#)

Documentation References

- [Part B Panniculectomy / Abdominal Lipectomy Documentation Requirements](#)
- [Panniculectomy: Medical Necessity and Documentation Requirements](#)
- [Part A Prior Authorization for Panniculectomy](#)
- [Part A Prior Authorization Request Coversheet](#)

Medical Documentation

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.

Documentation (not an all-inclusive list):

Written order

Progress notes for three months prior to the date of service (common reason for denial)

Pictures demonstrating recalcitrant skin compromise

Pictures 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 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. Criteria must be included in the preauthorization even if other criteria are fulfilled.