

OHCA Guideline

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| Medical Procedure Class: | Panniculectomy |
| Initial Implementation Date: | 1/28/2015 |
| Last Review Date: | 2/12/2021 |
| Effective Date: | 2/12/2021 |
| Next Review/Revision Date: | February 2024 |
| <p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p> | |
| <input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria | |
| Summary | |
| Purpose: | To provide guidelines to assure medical necessity and consistency in the prior authorization process. |
| Description | |
| <p>Panniculectomy is the surgical removal of excessive fat and skin from the abdomen. Panniculus is the large flap of subcutaneous hanging fat and redundant skin that hangs down from the abdomen and covers the pubis and groin, typically after massive weight loss. When surgery is performed to alleviate such complicating factors as inability to walk normally, chronic pain due to non-healing ulceration created by the abdominal skin fold, intertrigo or dermatitis, such surgery is considered reconstructive.</p> | |
| CPT Code Requiring Prior Authorization (PA) | |
| 15830 (see CPT manual for full code description) | |
| Approval Criteria | |
| <p>Panniculectomy is considered medically indicated when the following are documented:</p> <ol style="list-style-type: none"> 1) The panniculus hangs below the level of the pubis, documented by photographs: and <ol style="list-style-type: none"> a. there is documented <i>significant</i> difficulty with ambulation due to panniculus and interference with activities of daily living; and b. there are documented recurrent or chronic rashes, infections, cellulitis, and/or non-healing ulcers, that are related to panniculus that have not responded to conventional treatment, including appropriate wound care treatments, topical antifungals, topical and/or systemic corticosteroids and/or oral or topical antibiotics for a period of 3 months; and c. symptoms of functional impairment due to panniculus persist despite significant weight loss which has been stable for at least 6 months and the treating physician's plan of care includes the expected outcome for the improvement of the functional impairment; and 2) If the member has had bariatric surgery (and qualifies for Panniculectomy by above criteria), he/she is at least 12 months post-operative and has had documented stable weight for at least 6 months; and 3) Nutritional evaluation is done, indicating adequate nutritional status to undergo surgery. | |

Additional Information

- 1) The following are generally considered contraindications for panniculectomy surgery:
 - Uncontrolled diabetes as evidenced by HgbA1C > 7
 - Active tobacco use
 - Continuation of weight loss

- 2) Panniculectomy is not considered medically necessary when performed primarily for any of the following indications (this list may not be all inclusive):
 - Treatment of neck or back pain
 - Improving appearance (i.e., cosmetic)
 - Repairing abdominal wall laxity or diastasis recti
 - Treating psychological symptomatology or psychosocial complaints
 - When performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy are met separately.

- 3) If an abdominoplasty is performed as part of a panniculectomy procedure, it is not reimbursed separately as it is not considered medically necessary.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1; 317:30-5-8
2. CMS Novitas Solutions, Inc., LCD 35090 – Cosmetic and Reconstructive Surgery, 11/7/2019.
3. American Society of Plastic Surgeons Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients, June 2017.
4. Aetna, Clinical Policy Bulletin number 0211, Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair, 05/28/2020.
5. UnitedHealthcare Community Plan, Guideline CS093.P, Panniculectomy and Body Contouring Procedures, effective 4/1/2020.