

# PRIOR AUTHORIZATION OPD: PANNICULECTOMY

**PAR 254**

All fields are **REQUIRED** unless otherwise noted.  
Incomplete or illegible handwritten requests will be returned.

**Note:** Use of this request document will require submission via fax, mail, or the electronic submission of Medical Documentation (esMD). To save time, use the myCGS Web portal to submit your request, upload your documentation electronically, track the status of your request, and receive a quicker response.

**Request Type**

**Expedited Reason**

**Note:** Provide reason for expediting request if Expedited Initial or Expedited Resubmission Request Type is selected above.

**Requested HCPCS (maximum of 4)**

**Primary Diagnosis Code**

**Type of Bill**

**Date of Service**

**UTN**

**Note:** Only required for Resubmissions & Expedited Resubmissions. Enter the UTN of most recent submission.

## FACILITY INFORMATION

**Facility Name**

**PTAN**

**NPI**

**Region**

**Note:** Facility information should be the Hospital Outpatient Department information.

**Fax Number**

**Note:** If submitting by fax, fax number is required. The fax number must be the fax number of the Hospital Outpatient Department. If submitting by mail or esMD, fax number is optional. If you want to also receive the decision letter via fax, provide a fax number. A decision letter will be sent by mail to the provider address on file.

## BENEFICIARY INFORMATION (only one beneficiary per form)

**Beneficiary Name**

**Medicare ID**

## ATTENDING PHYSICIAN INFORMATION

**Physician Name**

**NPI**

**Fax Number**

**Address**

## REQUESTOR INFORMATION

**Requestor Name**

**Email**

**Date**

**Phone Number**

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**For Kentucky, fax to:** 1.615.782.4486  
**For Ohio, fax to:** 1.615.782.4498

**Mail to:** CGS  
PO Box 20203  
Nashville, TN 37202

**For additional information, please visit our website at:** <https://www.cgsmedicare.com/parta/mr/opd.html>

Originated May 22, 2020  
Revised August 22, 2023



JURISDICTION 15 PART A

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Please answer and follow the instructions for each question below.

## QUESTIONS

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- Q1.** Is the Panniculectomy being performed as a secondary procedure to allow the primary surgical procedure to be performed for one of the following reasons? **Yes No Not Applicable**
- Adipose tissue is so thick even the longest surgical equipment cannot reach site of dissection
  - Grade 3 Panniculus or higher that increases risk of poor wound healing
  - Other documented reason surgery cannot be performed or substantially increased risk without Panniculectomy

**Comments:**

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- Q2.** Is the procedure being performed primarily for any of the following reasons? **Yes or No**
- Treatment of neck or back pain
  - Improving appearance (i.e., cosmesis)
  - Repairing abdominal wall laxity or diastasis recti
  - Treating psychological symptomatology or psychosocial complaints
  - In conjunction with abdominal or gynecological procedures (e.g., Abdominal hernia repair, Hysterectomy, obesity surgery) unless criteria for Panniculectomy and Abdominoplasty are met separately
  - Hernia repair

**Note: If answer is No, the procedure may not be considered medically necessary.**

**Comments:**

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- Q3.** Is the panniculus a Grade 1-5? **Yes or No**

**Note: If answer is No, the procedure may not be considered medically necessary.**

**Comments:**

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- Q4.** Were conservative treatment measures attempted OR is there a significant functional deficit? **Yes or No**

**Note: If answer is No, the procedure may not be considered medically necessary.**

**Comments:**

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- Q5.** Is the procedure being performed following significant weight loss (14 BMI points or BMI≤30) as a result of bariatric surgery; has weight loss remained stable for 3-6 months; and is the beneficiary ≥ 18 months post surgery? **Yes or No**

**Note: If answer is No, the procedure may not be considered medically necessary.**

**Comments:**

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**Note: Attach supporting documentation for condition and associated symptoms, rationale for treatment procedure, etc. and/or comment..**

# **DOCUMENTATION**

Condition and Associated Symptoms/  
Rationale for Treatment Procedure