



AMERICAN SOCIETY OF
PLASTIC SURGEONS

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Abdominoplasty

BACKGROUND

Surgical removal of fatty tissue of the abdomen has been performed since early in the twentieth century. As surgical techniques have progressed over the years, abdominoplasty has been utilized to reshape normal structures of the body in order to improve the patient's appearance and self-esteem as defined below.

DEFINITIONS

For reference, the following definition of cosmetic and reconstructive surgery was adopted by the American Medical Association, June 1989:

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

Abdominoplasty, typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include fascial plication of the rectus muscle diastasis and a neoumbilicoplasty.

Mini or modified abdominoplasties are also typically performed for cosmetic purposes on patients with minimal to moderate defects as well as mild to moderate skin laxity and muscle flaccidity and may involve muscle plication above the umbilical level and neoumbilicoplasty.

Panniculectomy involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neoumbilicoplasty or flap elevation. A cosmetic abdominoplasty is sometimes performed at the same time of a functional panniculectomy.

INDICATIONS

Abdominoplasties are typically performed for purely cosmetic indications such as unacceptable appearance due to fat maldistribution or contour deformities caused by pregnancy, stretch marks, contracted scars and loose hanging skin after weight loss.

POLICY

When an abdominoplasty is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and not a compensable procedure unless specified in the patient's policy.

In the case where a panniculectomy is combined with plication of the rectus abdominis muscle and/or translocation of the umbilicus, this may be completed as a single stage procedure but the plication of the rectus abdominis muscle and/or translocation of umbilicus should be considered purely cosmetic and separately billed to the patient.

In rare circumstances, plastic surgeons may perform a hernia repair in conjunction with an abdominoplasty. A true hernia repair involves opening fascia and/or dissection of a hernia sac with return of intraperitoneal contents back to the peritoneal cavity. A true hernia repair should not be confused with diastasis recti repair, which is part of a standard abdominoplasty.

CODING

The following codes are provided as a guideline for the physician and are not meant to be exclusive of other possible codes.

Other codes may be acceptable depending on the nature of any given procedure.

Indications may vary, depending on the cause of abdominal wall laxity and/or disfigurement, however certain conditions are associated with abdominoplasty and/or panniculectomy procedures.

Diagnosis	ICD-10 Code
<u>Cosmetic abdominoplasty or cosmetic panniculectomy</u>	
Encounter for cosmetic surgery	Z41.1

Procedure	CPT Code
<u>Panniculectomy (Functional or Cosmetic)</u>	
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15830
<u>Abdominoplasty (Cosmetic)</u>	
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)	+ 15847
List separately in addition to code for primary procedure	
Use 15847 in conjunction with 15830 For abdominal wall hernia repair, see 49491-49587 To report other abdominoplasty, use 17999	
<u>Minor or Modified Abdominoplasty (Cosmetic)</u>	
Unlisted procedure, skin, mucous membrane and subcutaneous tissue	17999

Coding Hernia Repairs

In rare circumstances, plastic surgeons may perform a hernia repair in conjunction with an abdominoplasty or panniculectomy. A true hernia repair involves opening fascia and/or dissection of a hernia sac with return of intraperitoneal contents back to the peritoneal cavity.¹² A true hernia repair should not be confused with diastasis recti repair, which is part of a standard abdominoplasty. When a true hernia repair is performed, the following distinct codes, separate from the abdominoplasty/panniculectomy, may be utilized.

Diagnosis	ICD-10 Code
Umbilical hernia	K42.0
Ventral, unspecified	K43.9
Incisional	K43.2

Procedure	CPT Code
Repair initial incisional or ventral hernia; reducible	49560
Repair initial incisional or ventral hernia incarcerated or strangulated	49561
Repair recurrent incisional or ventral hernia; reducible	49560
Repair recurrent incisional or ventral hernia; strangulated	49566
Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)	+ 49568
Repair epigastric hernia (eg, preperitoneal fat); reducible	49570
Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	49572
Repair umbilical hernia, age 5 or over; Reducible	49585
Repair umbilical hernia, age 5 or over; incarcerated or strangulated	49587

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