



AMERICAN SOCIETY OF
PLASTIC SURGEONS

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss

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 and/or panniculectomy have been utilized to treat a variety of conditions, both aesthetic and functional in nature. This wide range of indications corresponds with a wide variance in the surgical complexity and involvement of the procedure. Therefore ASPS has developed two separate recommended insurance coverage criteria papers; this paper which focuses on procedures unrelated to obesity or massive weight loss and the paper entitled, *ASPS Recommended Insurance Coverage Criteria for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients* which addresses these conditions.

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.

There are similarities between an abdominoplasty and a panniculectomy procedure as both procedures remove varying amounts of abdominal wall skin and fat. Even though these procedures are different in scope and utilized to treat different conditions, the two procedures historically shared the same CPT code (15831). Beginning in CPT 2007, two codes are available to distinguish the two procedures. One code, CPT 15830 for panniculectomy, can be billed to insurance when appropriate; the other code, CPT 15847 for abdominoplasty, describes a cosmetic procedure. An additional code (17999) is available to describe a cosmetic mini abdominoplasty as defined below. (See Coding for additional details). To clarify the difference in the procedures the following definitions should be used:

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 a minimal to moderate defect as well as mild to moderate skin laxity and muscle flaccidity and do not usually involve muscle plication above the umbilical level or 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 time of a functional panniculectomy.

Obese patients with a very large pannus or massive weight loss patients that require retraction of excessive skin may require more time consuming and involved procedures due to the severity of the defect. Additional terms have also been developed for these procedures and include belt lipectomy, torsoplasty, and circumferential lipectomy. These procedures are described in more detail in the *ASPS Recommended Insurance Coverage Criteria for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients*.

INDICATIONS

Abdominoplasty and panniculectomy 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. There are however rare reconstructive indications for panniculectomy in cases unrelated to obesity or massive weight loss.

POLICY

When an abdominoplasty or panniculectomy are 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.

A panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall and/or chronic low back pain due to functional incompetence of the anterior abdominal wall.

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. 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.

<u>Diagnosis</u>	<u>ICD-9 Code</u>
Cosmetic abdominoplasty or cosmetic panniculectomy	
Plastic surgery for unacceptable cosmetic appearance	V50.1
<u>Functional Panniculectomy</u>	
Intertrigo	695.89
Lumbago	724.2
Panniculitis	729.39

Procedure**CPT Code****Panniculectomy (Functional or Cosmetic)**

Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy 15830

Abdominoplasty (Cosmetic)

Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (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) +15847

Mini or Modified Abdominoplasty (Cosmetic)

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 Codes**ICD-9 Code**

Umbilical hernia 553.1
Ventral, unspecified 553.20
Incisional 553.21

Procedure Codes**CPT Code**

Repair initial incisional or ventral hernia;
reducible 49560
incarcerated or strangulated 49561
Repair recurrent incisional or ventral hernia;
reducible 49565
incarcerated or 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
incarcerated or strangulated 49572
Repair umbilical hernia, age 5 or over;
reducible 49585
incarcerated or strangulated 49587

PRIMARY REFERENCE

American Society of Plastic Surgeons. Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. Date July 2006.

ADDITIONAL REFERENCES

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