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.

INDICATIONS
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.

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.

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.

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

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

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 neombilicoplasty.

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 neombilicoplasty.
**Procedure** | **CPT Code**
---|---
Panniculectomy (Functional or Cosmetic) | 15830
   Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

Abdominoplasty (Cosmetic) | 15847
   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)

Mini or Modified Abdominoplasty (Cosmetic) | 17999
   Unlisted procedure, skin, mucous membrane and subcutaneous tissue

**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. 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**