AMERICAN SOCIETY OF PLASTIC SURGEONS

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients

BACKGROUND

Improvements in the surgical correction of morbid obesity via bariatric surgery as well as non-surgical diet regimens have allowed increasing numbers of morbidly obese patients to undergo successful and sustained massive weight loss. While the medical/health benefits of massive weight loss are obvious, it often leaves patients with unwanted skin and fat folds that are virtually impossible to correct by diet, weight loss or exercise.

The deformities that result following massive weight loss vary greatly depending on the patient's body type, fat deposition patterns, and the amount of weight gained or lost. These deformities can lead to patient dissatisfaction with appearance as well as additional health problems such as intertrigo and infections of the skin under the overhanging panniculus of the back and abdomen, under the breasts, arms and medial thigh folds. Although the anterior abdomen is typically the area of greatest concern and dysfunctionality, other areas such as the waist, hips, back, buttocks, breasts, and arms are also affected following massive weight loss.

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.

The focus of this recommended insurance coverage criteria is on the surgical treatment of the excess skin and fat that occurs in obese patients or remains following massive weight loss. Abdominoplasty and panniculectomy procedures that are performed for circumstances **unrelated to obesity or massive weight loss** are discussed in the ASPS Recommended Insurance Coverage Criteria for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. Excess hanging breast tissue may be treated with reduction mammaplasty which is discussed in detail in the ASPS Practice Parameter on Reduction Mammaplasty.

There are a wide range of defects of varying severity that may benefit from the removal of excess skin and fat. As a result, numerous procedures and terms have developed over the years describing the techniques and special adaptations that have been developed. Some of these terms describe similar procedures, may overlap and in some cases be used interchangeably. To clarify the difference in the procedures, the following definitions should be utilized.

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.

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 or delayed pending completion of weight reduction.

Belt Lipectomy is a circumferential procedure which combines the elements of an abdominoplasty or panniculetomy with removal of excess skin/fat from the lateral thighs and buttock. The procedure involves removing a "belt" of tissue from around the circumference of the lower trunk which eliminates lower back rolls, and provides some elevation of the outer thighs, buttocks, and mons pubis. Similarly, a circumferential lipectomy describes an abdominoplasty or panniculectomy combined with flank and back lifts.

Torsoplasty is a series of operative procedures, usually done together to improve the contour of the torso, usually female (though not exclusively). This series would include abdominoplasty with liposuction of the hips/flanks and breast augmentation and/or breast lift/reduction. In men, this could include reduction of gynecomastia by suction assisted lipectomy/ultrasound assisted lipectomy or excision.

Circumferential lipectomy combines an abdominoplasty with a "back lift", both procedures being performed together sequentially and including suction assisted lipectomy, where necessary.

Lower body lift is a procedure that treats the lower trunk and thighs as a unit by eliminating a circumferential wedge of tissue that is generally, but not always, more inferiorly positioned laterally and posteriorly than a belt lipectomy. The procedure lifts tissues all the way from knee level and reduces, but does not eliminate, the need for subsequent thigh lifts. A lower body lift tends to stress thigh lifting along with truncal improvement.

POLICY

When surgery to remove extensive skin redundancy and fat folds 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. For example, a panniculectomy to eliminate a large hanging abdominal panniculus and its associated symptoms would be considered reconstructive. In situations where a circumferential treatment approach is utilized to also treat the residual back and hip rolls or the ptotic buttock tissue, only the anterior portion of the procedures would be considered reconstructive, the remaining portion of the procedure would be considered cosmetic. Only in rare circumstances will buttock, thigh or arm lifts be needed to treat functional abnormalities. Typically these procedures are performed to improve appearance and are therefore cosmetic in nature.

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 Procedures	
Plastic surgery for unacceptable cosmetic appearance	V50.1
Functional Diagnosis Codes	
Localized adiposity – fat pad	278.1
Lymphedema	457.1
Hypertrophy of breast	611.1
Abscess – trunk	682.2
Abscess - upper arm	682.3
Abscess – leg (thigh)	682.6
Intertrigo	695.89
Shoulder pain	719.41
Neck pain	723.1
Pain in thoracic spine	724.1
Lumbago	724.2
Diastasis recti	728.84
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
Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	15832
leg	15833
hip	15834
buttock	15835
arm	15836
forearm or hand	15837
submental fat pad	15838
other area	15839
Mastectomy for gynecomastia	19300
Mastopexy	19316
Reduction mammaplasty	19318

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.[11] 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 codes 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 Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. Date July 2006.

ADDITIONAL REFERENCES

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Approved by the ASPS® Executive Committee: July 2006, Coding Updated January 2007