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. The weight of these skin folds can also cause or exacerbate pain in the back and shoulder girdle regions. 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 **unrelated to obesity or massive weight loss** is 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. A Panniculectomy is a non-cosmetic procedure typically performed to assist in the correction of a functional impairment.

Circumferential Lipectomy (Belt Lipectomy, Lower Body lift) 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 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. A circumferential lipectomy describes an abdominoplasty or panniculectomy combined with flank and back lifts, as both procedures being performed together sequentially and including suction assisted lipectomy, where necessary. These procedures are typically considered cosmetic.

Torsoplasty is a term which encompasses a number of operative procedures, usually done together to improve the contour of the torso, usually female (though not exclusively). These 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.

Medial thigh lift is a procedure that treats the excessive skin and fat of the medial thigh. Incisions in the groin or others that extend to the knee can be required to correct the defect. Liposuction may be combined when necessary. Only in severe cases would the case of excessive skin in the medial thigh region be considered as a functional abnormality.

Breast reduction is usually performed for relief symptoms such as back, neck, and shoulder pain, and skin irritation, rather than to enhance the appearance of the breasts.

Gynecomastia is a procedure to remove excess fat, glandular tissue and/or skin from overdeveloped or enlarged male breasts. In severe cases of gynecomastia, the weight of excess breast tissue may cause the breasts to sag and stretch the areola. In these cases, the position and size of the areola can be surgically improved and excess skin may need to be reduced.

POLICY

When panniculectomy is performed to eliminate a large hanging abdominal panniculus done in part to reduce associated symptoms, cellulitis, intertrigo, shoulder pain, neck pain, back pain, thoracic spine pain, lumbago, and panniculitis, this would be considered reconstructive.

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.

Patients considered for panniculectomy may be required to/ should document the type and duration of symptoms/ treatment for panniculitis. Documented recalcitrant panniculitis may be considered as indication for panniculectomy. Photographs should confirm the patients' medical condition.

Patients considered for panniculectomy may be required to/ should document specialist (back) evaluation, radiological evaluation and duration of symptoms/ treatment for chronic back pain felt related to their panniculus. Direct correlation is recommended before panniculectomy is considered. Photographs should confirm the patients' medical condition. Improvement in a patient's activities of daily living should not be considered as an indication for panniculectomy.

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-10 Code**
Cosmetic Procedures	
Plastic surgery for unacceptable cosmetic appearance	Z41.1
Functional Diagnosis Codes	
Localized adiposity – fat pad	E65
Lymphedema	I89.0
Hypertrophy of breast	N62
Cellulitis – trunk	L03.319
Cellulitis of axilla &upper arm	L03.111 – L03.114
Cellulitis of lower limb	L03.115, L03.116
Intertrigo	L26, L30.4, L53.8
Shoulder pain	M25.511 – M25.519
Neck pain	M54.2
Pain in thoracic spine	M54.6
Lumbago	M54.5
Diastasis recti	M62.00, M62.08
Panniculitis	M79.3

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)	+ 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

Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	15832
Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	15833
Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	15834
Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	15835
Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	15836
Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	15837
Excision, excessive skin and subcutaneous tissue (includes lipectomy); Submental fat pad	15838
Excision, excessive skin and subcutaneous tissue (includes lipectomy); 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-10 Code**
Umbilical hernia	K42.9
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	49565
Repair recurrent incisional or ventral hernia; 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
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

PRIMARY REFERENCE

American Society of Plastic Surgeons. Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. Date: December 2016.

ADDITIONAL REFERENCES

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