



AMERICAN SOCIETY OF
PLASTIC SURGEONS

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Panniculectomy

BACKGROUND

Surgical removal of fatty tissue of the abdomen has been performed since early in the twentieth century¹. As surgical techniques have progressed over the years, panniculectomy has been used to treat a variety of conditions. The range of indications corresponds with variance in the surgical complexity and involvement of the procedure. Therefore, ASPS has developed two separate recommended insurance coverage criteria papers. The paper which focuses on procedures related to obesity or massive weight loss is entitled, *ASPS Recommended Insurance Coverage Criteria for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients*.

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.

PLEASE NOTE: 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 and therefore should not be billed to insurance. (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.

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.

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

Panniculectomy has been shown to improve functional quality of life. Activities of daily living², treatment of buried penis^{4,5,8}, access to renal transplant lists⁷, and facilitation of concomitant surgical procedures have all been documented^{14,18}. Though

complication rates are high, safety appears to be improving over time, and plastic surgery trained surgeons appear to have lower complication rates than non-plastic surgery trained surgeons.^{11,13,14,15,16,17}

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.

Panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall, improve skin health within the fold beneath the pannus, and/or help improve 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.¹² A true hernia repair should not be confused with diastasis recti repair, which is often 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.

PLEASE NOTE: Indications may vary, depending on the cause of abdominal wall laxity and/or disfigurement.

<u>Diagnosis</u>	<u>ICD-10 Code</u>
	<u>Functional Panniculectomy</u>
Erythema intertrigo	L30.4
Low back pain	M54.5
Panniculitis	M79.3
Pannus	E65
<u>Procedure</u>	<u>CPT Code</u>
<u>Panniculectomy (Functional or Cosmetic)</u>	
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15830

Coding Hernia Repairs

In rare circumstances, plastic surgeons may perform a hernia repair in conjunction with a 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.

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

<u>Procedure</u>	<u>CPT Code</u>
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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Approved by the ASPS[®] Executive Committee: July 2006, Coding Updated January 2019. Re-approved by the EC in March 2019.