

# 2012 Plastics: Panniculectomy/Abdominoplasty/Lipectomy Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</sup>
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	\$1,179
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	913
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	884
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	896
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	857
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	757
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	862
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	580
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	879
15847**	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty)(includes umbilical transposition and fascial placcation)(List separately in addition to code for primary procedure)	Carrier Priced
15876	Suction assisted lipectomy; head and neck	Carrier Priced
15877	Suction assisted lipectomy; trunk	Carrier Priced
15878	Suction assisted lipectomy; upper extremity	Carrier Priced
15879	Suction assisted lipectomy; lower extremity	Carrier Priced
17999	Unlisted procedure, skin mucous membrane and subcutaneous tissue	Carrier Priced

**NOTE:** For bilateral procedures add modifier -50 Bilateral Procedures  
**NOTE:** \*\*Add-on code (cannot be used alone)

## OUTPATIENT FACILITY

### Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT <sup>3</sup>
0012	Level I Debridement and Destruction (CPT code: 17999)	\$27
0021	Level III Excision/Biopsy (CPT codes: 15836, 15837, 15838, 15839)	1,190
0022	Level IV Excision/Biopsy (CPT codes: 15830, 15832, 15833, 15834, 15835, +15847)	1,628
0137	Level V Skin Repair (CPT codes: 15876, 15877, 15878, 15879)	1,492

### Freestanding Ambulatory Surgery Center

CPT CODE <sup>1</sup>	DESCRIPTION	MEDICARE PAYMENT <sup>4</sup>
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	\$939
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	939
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	939
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	939
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	939
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	686
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	686
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	686
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	686
15847**	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty)(includes umbilical transposition and fascial placcation)(List separately in addition to code for primary procedure)	939
15876	Suction assisted lipectomy; head and neck	861
15877	Suction assisted lipectomy; trunk	861
15878	Suction assisted lipectomy; upper extremity	861
15879	Suction assisted lipectomy; lower extremity	861

**INPATIENT FACILITY**

ICD-9 CODE <sup>5</sup>	DESCRIPTION
86.83	Size reduction plastic operation

**NOTE:** ICD-9 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One DRG is assigned to each inpatient stay.

**INPATIENT FACILITY**

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) <sup>6</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>6</sup>
579	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	9.7	\$15,168
580	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	5.1	8,335
581	Other Skin subcutaneous Tissue and Breast Procedures without CC/MCC	2.4	5,348
619	O.R. Procedures for Obesity with MCC	7.6	19,683
620	O.R. Procedures for Obesity with CC	3.1	10,352
621	O.R. Procedures for Obesity without CC/MCC	1.9	8,354

1 All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2011 American Medical Association. All Rights Reserved.  
 2 Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Rule Physician Reimbursement Conversion Factor = \$34.0376.  
 3 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - Hospital Outpatient Payment.  
 4 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - ASC Reimbursement.  
 5 Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.  
 6 Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final Rule - National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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