# A "BEFORE" Becomes An "AFTER" APPROVAL

*NOTE: After overwhelming response to this informational blog, I've started a web site specifically with information on approval.*

*If you have **any** questions about getting help with your approval for cosmetic surgery or even for Weight Loss Surgery, don't hesitate to contact us at **GetInsuranceApproval.com**. Don't navigate difficult insurance requirements, alone. I'll be glad to help!*

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## GET INSURANCE APPROVAL FOR COSMETIC SURGERY

Since I previously worked at an insurance company and have discussed what I've learned there, I often get inquiries about how to get insurance approval for cosmetic surgery after weight loss.

It **is** possible to have the insurance company approve payment for your reconstructive surgery. The most common type of surgery requested after weight loss is an abdominoplasty. This single surgery can make one of the biggest differences in the body – it removes excess skin and tissue of the abdomen area. This procedure is also often called a "Tummy Tuck." Do not EVER use the term Tummy Tuck when communicating with your insurance company – they consider this strictly a cosmetic surgery term and they do not like it.
Once thing I've learned with having worked at an insurance company is that how you communicate with them is as important as what you say. The abdominoplasty is a term used to cover a few different procedures. Two of the terms, **panniculectomy** and a**bdominoplasty** are often used

interchangeably, but the terms actually have some subtle differences.

In a **panniculectomy**, the hanging or excess skin of the pannus (the lower part of your abdomen) is removed surgically. In this procedure, muscle repair may not be done – in most adults who have had weight changes or pregnancy there is often some separation of the abdominal muscles.

In an **abdominoplasty**, this excess skin is removed and often there is a repair of the abdominal muscles if there is separation or loosening of the muscles in this area. Hernias in this area are usually covered by insurance, and the repair of these hernias is often done simultaneously with an abdominoplasty.

I think the keys to insurance approval are very simple. It's difficult for one doctor to completely ignore another - so I always try to have my insurance approvals passed on to the clinical doctor in whatever group is in charge of making the decision.

To make sure this happens, I include a lot of doctors' letters in any file that is going to be sent to an insurance company. By this I mean letters from your PCP or General Practitioner, letters from your OB/Gyn, your dermatologist - any doctors you have. Add these letters along with the file and photos that your Plastic Surgeon will send to the insurance company.

Now after a massive weight loss, it is inevitable you'll have lots of excess skin. For that reason, I suggest you make sure that the insurance company understands that it's not cosmetic reasons that you want this skin removed - but for medical reasons.

In other words, you want to make sure that they understand that this excess skin (and excess tissue, especially in the areas of your abdomen, thighs, hips etc - and perhaps even your bust) is interfering with your daily function and life.

The things I would stress would be the issues that occur with excess skin. These may seem gross but they are actual medical results of excess or hanging skin. If your hanging abdominal skin is forming an apron of skin that hangs toward your pelvic area, then this may cause complications that can be used as justification for approving your abdominoplasty surgery.

The idea is if you have any of these conditions to make sure that your doctor notes you've been diagnosed or treated with it. Or if you haven't been diagnosed but the doctor knows you are PRONE to this conditions this can be used as justification for getting your surgery before you suffer from these conditions. For example, if a female has been treated for yeast infections from her **OB/Gyn**, then it is perfectly acceptable for that doctor to note that the hanging skin might make you prone to that condition (even if it has not yet surfaced.)

Letters from your **dermatologist** noting skin irritations, rashes, infections from your hanging skin or having been treated with medication for these conditions is also a very strong factor in getting approval.

A letter from your **urologist** might mention if you've been diagnosed as having excess abdominal skin that is pressing or your bladder or urethra. This pressure can cause various urological conditions and disorders.

If you’ve been treated by a **chiropractor** for any lower back pain, any type of alignment difficulties or other conditions that might be affected by hanging or excess skin, get a letter documenting that.

It has been studied that every one pound of abdominal tissue add 10 pounds of strain on the disks of the spine and lower back. The extra weight affects the normal curve of the spine and contributes to lower back pain. In other words, an extra five pounds can add 50 lbs of strain to the lower back. And extra ten pounds of abdominal tissue can add 100 lbs of strain to the disks of the lower back and this is another reason this area common suffers abdominal hernias (this is especially true after changes in weight, pregnancy, and abdominal surgeries).

Your **PCP or Family doctor** can also be of great help in helping the insurance company to realize that getting an abdominoplasty is reconstructive and not cosmetic. Having this doctor detail the conditions you've experienced is essential to getting approval for this procedure.

Insurance companies are often in the business of not approving procedures that they even suspect are not medically necessary but cosmetic. Make sure that your documentation reflects common medical industry terminology (writing panniculectomy or abdominoplasty instead of Tummy Tuck, as discussed earlier) and utilizing the correct codes to document the conditions that you may suffer from.

If you have even more significant excess skin that extends throughout your lower body area, then the more severe **Belt Lipectomy** or even a **Lower Body Lift** may be needed. This procedure involves a full around-the-world incision that spans your entire body. The surgical and recovery times are also more lengthy in this much more costly procedure and often insurance companies are hesitant to approve a Belt Lipectomy or Lower Body Lift without some significant documentation to show that it is needed.

The CPT code for the abdominoplasty procedure is generally **CPT 15831** – The excision of excessive skin and subcutaneous tissue. (This is the code that is on my insurance approval letter for my abdominoplasty.)
The code for removal of excess hip area tissue is **CPT 15834**.
With other areas included (flanks, back) it is **CPT 15839**.
If this process includes suction-assisted lipectomy (like liposuction) then it can be **CPT 15877**.
(Note: Insurance companies are notoriously loathe to approve CPT 15877 as they consider it cosmetic.)

It is important to document that the excess skin is not a cosmetic issue but is “interfering with exercise, hygiene and health” and that it is not cosmetic.

The following is a list of common industry ICD-9 codes are descriptive diagnostic codes that used to describe symptoms, in this case relating to excess skin. These can be used in the letters that describe the various conditions and symptoms that are prompting you to seek the surgery.

**Panniculitis** 729.39 - Skin irritation underneath pannus area
**Large pannus** 701.9 - Redundant skin, lower abdominal area
**Intertrigo** 695.89 - Rashes & Irritation of skin in pannus area
**Back pain** 724.1 - Back pain from diminished abdominal muscle
**Skin Abcess** 682.2 - Can result from excess or hanging skin

This is just some of the information that can be included in the documentation provided to the insurance company. I know I did not want to wait until my excess skin became a full hanging apron, so I knew I had to be persistent and diligent in seeking insurance approval.

Another important thing is to be diligent. Insurance companies often have tactics to discourage you from seeking approval for procedures. Usually, the insurance company would prefer that you pay for reconstructive procedures yourself. So if you are initially denied: appeal, appeal, appeal. By law, the steps detailing how to appeal are listed on any letter that informs you of a denial. Take advantage of the information, and be prepared to submit an appeal in writing as necessary.

Although with insurance companies, written documentation is king. But don’t be afraid to also call the insurance company to try to find out what factors led to their decision. (That’s what I did after I was initially denied, once I found out who made the decision, I called more than once and asked if my entire file was sent. After some research, I had the file sent again to the doctor who acted as the clinical director and I was later approved. )

Once documentation is received by the insurance company you'd be surprised how often file documents are separated, lost or mislaid. So if the insurance company or a specific department of the company (like the Pre-Determination department, which often makes the decision for reconstructive surgeries) says they didn't receive the photos along with your file - then ask your surgeon's office send them again. If they don't have copies of letters from your other doctors, be prepared to send those again as well. Make sure you are fully prepared with any documentation they would need to make their decision, and you are better assured of approval.

Good Luck!

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