

Trends in Medicare Reimbursement for Body Contouring Surgeries from 2009-2018: What Does This Mean for the Massive Weight Loss Population?

Presenter: Vaishali Ravikumar, BS

Co-Authors: Kailash Kapadia, MD, Division of Plastic Surgery, Department of Surgery, Rutgers New Jersey Medical School, Newark, NJ; Meeki K. Lad, BS, Department of Plastic and Reconstructive Surgery, Rutgers New Jersey Medical School, Newark, NJ; Edward S. Lee, MD, Division of Plastic Surgery, Department of Surgery, Rutgers New Jersey Medical School, Newark, NJ

Affiliation: Division of Plastic Surgery, Department of Surgery, Rutgers New Jersey Medical School, Newark, NJ

BACKGROUND

In the setting of the obesity epidemic, there is an increasing number of bariatric surgeries. These patients undergo massive weight loss (MWL) and often have excess skin resulting in physiological and psychological symptoms. Recent studies demonstrate that post- bariatric patients who undergo body contour surgery (BCS) are more likely to maintain weight loss and demonstrate higher scores for psychological wellbeing and quality of life. The most common BCS desired and performed for MWL addresses excess abdominal skin. Given these benefits of BCS, we aimed to determine whether Medicare reimbursement for bariatric surgeries and BCS has changed from 2009 to 2018.

METHODS

Using CPT Professional 2019, 6 bariatric codes and 14 BCS plastic surgery codes were identified. Data for each code was abstracted from the CMS Part B National Summary Data Files (2009-2018). Payments per procedure and number of procedures were analyzed via linear regression. Payments were adjusted for inflation to 2018 prices.

RESULTS

From 2009 to 2018, Medicare's reimbursement per gastric procedure increased by 9% and the number of reimbursed gastric procedures decreased by 61%. Medicare reimbursement per procedure decreased for panniculectomy from \$811 to \$768 (-5%), abdominoplasty from \$301 to \$275 (-9%), and trunk liposuction from \$446 to \$314 (-29%). For other BCS, there was an increase in reimbursement per lower leg lipectomy (+12%), forearm lipectomy (+19%), chin lift (+5%), hip lipectomy (+93%), thighplasty (+42%), brachioplasty (+53%) and decrease for butt lifts (-6%). With linear regression analysis, the change in reimbursement was found to be significant ($p < 0.05$) for abdominoplasties, thighplasty, brachioplasty, and hip lipectomies. For the number of procedures, there was an increase in the number of reimbursed panniculectomies from 2003 to 2749 (+37%), abdominoplasties from 318 to 438 (+38%), and trunk liposuctions from 25 to 46 (+84%). There was a decrease in lower leg lipectomies (-18%), hip lipectomies (-

57%), butt lifts (-24%), chin lifts (-31%), thighplasties (-26%), brachioplasties (-28%), and forearm lipectomies (-25%).

CONCLUSION

Medicare coverage from 2009 to 2018 for BCS demonstrates a decrease in reimbursed payment of BCS for the abdomen and an increase in reimbursed payment of BCS for certain other areas.