Government of **Western Australia**
Department of **Health**

Western Australian Coding Rule

0117/01 Divarification rectus muscle and redundant abdominal skin

WA Coding Rule 0514/07 *Divarification rectus muscle and redundant abdominal skin* is superseded by ACCD Coding Rule ***Repair of diastasis recti*** (Ref No: Q3117) effective 1 January 2017; (log in to view on the ACCD CLIP portal).

DECISION

WA Coding Rule 0514/07 *Divarification rectus muscle and redundant abdominal skin* is retired.

[Effective 1 Jan 2017, ICD-10-AM/ACHI/ACS 9th Ed.]

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0514/07 Divarification rectus muscle and redundant abdominal skin

Q.

Is the previous 3rd edition decision by CCWA still current?

A.

The CCWA 3rd edition decision gives the following advice:

> **Q.** Divarification rectus muscle, redundant abdominal skin. Procedure repair divarification rectus muscle and apronectomy with transposition of umbilicus. Could you suggest codes for these conditions and procedures?
> **A.** Based on the information provided assign M62.88, *Other specified disorders of muscle, other* and L98.9, *Disorder of skin and subcutaneous tissue, unspecified*. The procedure codes will be 30617-02 [992], *Repair of linea alba hernia* and 30177-00 [1666]*, Lipectomy of abdominal apron, radical*.

Divarification and diastasis are interchangeable terms and refer to the separation between the left and right side of the rectus abdominis muscle which covers the front surface of the abdomen.

The code assignment for divarification of rectus abdominis depends on the documentation in the medical record. The lead term should be 'diastasis'. Selecting 'recti', the coder may either select 'complicating pregnancy (delivery) (DRAM)' and assign O71.82 *Diastasis of recti abdominal muscle in pregnancy or delivery*. The coder may also select 'congenital' and assign Q79.52 *Diastasis recti*. If neither of these index terms is documented, the coder should follow the index pathway 'diastasis, muscle, specified site NEC' and assign M62.08 *Diastasis of muscle, other site*.

Redundant abdominal skin should be coded to E65 *Localised adiposity* by looking up the term 'apron, abdominal' in the Index. Following the advice in Coding Matters volume 8 number 2, Z41.1 *Other plastic surgery for unacceptable cosmetic appearance* should be assigned as an additional diagnosis when the surgery is undertaken for cosmetic reasons.

The original code assignment of 30177-00 [1666] *Lipectomy of abdominal apron, radical* for apronectomy with transposition of umbilicus is correct.

The advice to code repair of divarification of rectus muscle to 30617-02 [992] *Repair of linea alba hernia* is not correct, as it is not documented that there has been herniation through the rectus muscle. Diastasis is the spreading apart of the connective tissue that joins the muscle in the midline (linea alba). The linea alba becomes thin and stretched. If the linea alba breaks down then a hernia can occur through the defect. However, this has not occurred in this case.

In this case, repair of diastasis has occurred at the same time as a radical lipectomy of abdominal apron. The code 30177-00 [1666] *Lipectomy of abdominal apron, radical* includes 'repair of musculo-aponeurotic layer', so this code covers both procedures.

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If repair of divarification/diastasis of rectus muscle was performed on its own, the correct code to assign is 45570-00 [1000] *Closure of abdomen with repair of musculoaponeurotic layer*.

DECISION

The previous CCWA decision has been retired. Repair of divarification of rectus muscle and apronectomy with transposition of umbilicus for redundant abdominal skin should be coded to M62.08 *Diastasis of muscle, other site* **(unless in pregnancy or congenital), E65** *Localised adiposity***, Z41.1** *Other plastic surgery for unacceptable cosmetic appearance* **(if necessary), 30177-00 [1666]** *Lipectomy of abdominal apron, radical***.**

[Effective 28 May 2014, ICD-10-AM/ACHI/ACS 8th Ed.]

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