

Appendix 1.

Data were abstracted from the Nationwide Ambulatory Surgery Sample, which performs all data cleaning to ensure uniform presentation of medical coding.

Specifically, CPT codes were used to identify procedures performed as follows:

Procedure Classification	CPT Code(s)
Labiaplasty	56620 15839
Concomitant hysterectomy	58150-58152; 58180; 58260-58294; 58541-58544; 58550-58554; 58570-58573
Concomitant gynecologic surgery	56405-58999
Any concomitant surgery	10004- 69990

Concomitant was defined based on a second CPT code, if present, that did not include the labiaplasty code. NASS only provides CPT coding of up to 30 concomitant procedures (CPT1-CPT30) and does not provide ICD procedure coding

Diagnoses were drawn from the associated ICD-10-CM diagnosis coding (variables I10_DX1-I10DX15).

Only one diagnostic code was investigated: “N90.6”, which is categorized as hypertrophy of the vulva. It contains three subcategories, including unspecified hypertrophy of the vulva (N90.60), childhood asymmetric labium majus enlargement (CALME; N90.61), and other specified hypertrophy of the vulva

Luchristt D, Sheyn D, Bretschneider CE. National estimates of labiaplasty performance in the United States from 2016 to 2019. *Obstet Gynecol* 2022;140.

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(N90.69). Analysis revealed that only 2.4% of patients under the age of 18 had a diagnosis of CALME and 0.49% of those aged 18-35.

All codes were valid and uniform during the analysis period. For more information, see:

<https://www.hcup-us.ahrq.gov/db/nation/nass/nassdde.jsp>