

Abdominoplasty and Panniculectomy

Also known as	1. Tummy tuck				
Description	<p>Abdominoplasty: Surgery to tighten lax anterior abdominal wall and remove excess abdominal skin and tissue. Abdominoplasty involves resection of skin and fat, along with abdominal muscle wall resection.</p> <p>Panniculectomy: Surgical removal of the pannus (hanging <i>apron</i> of excess abdominal fat and skin tissue remaining after surgery or extreme weight loss). A panniculectomy does not normally involve muscle resection.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Bariatric Surgery - Surgical procedures to bypass sections of the small intestine and/or decrease the size of the stomach to treat morbid obesity.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)MHPS				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>7.28.23</td><td>Updated layout for readability.</td></tr></table>	Date	Description	7.28.23	Updated layout for readability.
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Commercial

Introduction	This section applies to all Commercial members.				
Benefits	<p>A Utilization Management Policy, Abdominoplasty/Panniculectomy, is on medica.com.</p> <ul style="list-style-type: none">• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request, along with front and lateral photos.– Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.– Important: Check policy for limits or exclusions.• If approved, covered under reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.• If medical necessity is not met, considered cosmetic and not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote reconstructive surgery benefits.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.				
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<p>Quote reconstructive surgery benefits.</p> <ul style="list-style-type: none">Medica is the only payer.				
Advantage	<p>A Utilization Management Policy, <i>Abdominoplasty/Panniculectomy</i>, is on medica.com.</p> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request, along with front and lateral photos.Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.Important: Check policy for limits or exclusions.If approved, covered under surgical benefits.If medical necessity is not met, considered cosmetic and not covered.Medica is the only payer.				
Advantage PartnerCare (I-SNP)	<p>Prior authorization (PA) not required.</p> <ul style="list-style-type: none">Covered under surgical benefits.Medica is the only payer.				
Medicaid (SPP)	<p>A Utilization Management Policy, <i>Abdominoplasty/Panniculectomy</i>, is on medica.com.</p> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request, along with front and lateral photos.Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.Important: Check policy for limits or exclusions.If approved, covered under reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.If medical necessity is not met, considered cosmetic and not covered.				
Prime	<p>Quote surgical benefits.</p> <ul style="list-style-type: none">Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.				
Select, Signature	<p>Quote surgical benefits.</p> <ul style="list-style-type: none">Medicare supplement. Medicare is the primary payer.Follows Medicare guidelines.				
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.				
Benefits	<p>A Utilization Management Policy, <i>Abdominoplasty/Panniculectomy</i>, is on medica.com.</p> <ul style="list-style-type: none">• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request, along with front and lateral photos.– Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.– Important: Check policy for limits or exclusions.• If approved, covered under reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.• If medical necessity is not met, considered cosmetic and not covered.				
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Medica Health Plan Solutions (MHPS)

Introduction	This section applies to all Medica Health Plan Solutions (MHPS) members.						
Mayo Medical Plan	<div>Coverage depends on the servicing provider.</div> <table><tr><th>Provider</th><th>Coverage</th></tr><tr><td>Mayo provider</td><td><ul style="list-style-type: none">Quote reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>Non-mayo provider</td><td><ul style="list-style-type: none">A Utilization Management Policy, <i>Abdominoplasty/Panniculectomy</i>, is on medica.com.Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request, along with front and lateral photos.Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.Important: Check policy for limits or exclusions.Medicare supplement: PA does not apply.If approved, covered under reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.If medical necessity is not met, considered cosmetic and not covered.</td></tr></table>	Provider	Coverage	Mayo provider	<ul style="list-style-type: none">Quote reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.	Non-mayo provider	<ul style="list-style-type: none">A Utilization Management Policy, <i>Abdominoplasty/Panniculectomy</i>, is on medica.com.Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request, along with front and lateral photos.Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.Important: Check policy for limits or exclusions.Medicare supplement: PA does not apply.If approved, covered under reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.If medical necessity is not met, considered cosmetic and not covered.
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All others	<div>A Utilization Management Policy, <i>Abdominoplasty/Panniculectomy</i>, is on medica.com.</div> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request, along with front and lateral photos.Note: There are different forms depending on the provider’s state or type of procedure. The provider needs to pick the correct form when submitting their PA request.Important: Check policy for limits or exclusions.If approved, covered under reconstructive surgery benefits. Include physician, hospital, and anesthesia benefits.If medical necessity is not met, considered cosmetic and not covered.						
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