

Colectomy

Description	The removal of all or part of the colon.				
See also	<div>Similar, related, or easily confused documents.</div> <div><ul style="list-style-type: none">Colonoscopy and SigmoidoscopyColostomyEndoscopyCT Colonography and MR Colonography</div>				
Table of Contents	<div>The following topics are included in this document:</div> <div><ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)</div>				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.20.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.20.24	Updated to new template.
Date	Description				
2.20.24	Updated to new template.				

Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.				
Mayo Medical Plan (MMP)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.				
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>2.20.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.20.24	Updated to new template.
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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">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Medica is the only payer.				
Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.				
Med Advantage	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	Quote surgical benefits. Include physician, hospital, and anesthesia benefits.				
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Date	Description				
2.20.24	Updated to new template.				

Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.				
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