

## A MESSAGE TO OUR MEDICARE PATIENTS REGARDING ABDOMINOPLASTY-PANNICULECTOMY

Unlike traditional insurance plans, Medicare does not have a system where we can determine prior to your procedure if an abdominoplasty or panniculectomy will be covered as a “medically necessary” procedure. That is, we cannot send a predetermination letter, documentation from other physicians, photos, etc., to them beforehand to see if Medicare will pay for your procedure or deny it as a cosmetic procedure. Because of this, we are required BY LAW to inform you of this prior to the procedure, as you may be responsible for the costs of surgery, anesthesia, hospital and lab charges if Medicare does not pay.

In the past, even cases of obvious medical necessity for this procedure have occasionally been denied coverage, despite our written appeals, due to the nature of the procedure. While there clearly is a functional benefit in many patients, a significant number of patients also have abdominoplasty/panniculectomy performed for cosmetic reasons. This is why Medicare does not simply pay for all of these operations.

The published Medicare guidelines for “medical necessity” regarding abdominoplasty/panniculectomy are as follows:

*Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) (15830) will only be considered reasonable and medically necessary when these procedures are performed due to another surgery being done at the same time and would affect the healing of the surgical incision.*

*This procedure may also be considered to be medically necessary for the patient that has had a significant weight loss following the treatment of morbid obesity and there are medical complications such as candidiasis, intertrigo or tissue necrosis that is unresponsive to oral or topical medication.*

*These claims will be reviewed by the medical staff and considered on a case by case basis. Medical Records will be requested by the Contractor to determine medical necessity. (Source LCD document L30733, effective 1/1/2013)*

Even if these coverage guidelines are met, Medicare may still deny coverage as they are considered on a “case by case” basis. If Medicare coverage is denied, you have the right to appeal the decision. However, if the appeal process is not successful, you will be responsible for all charges associated with the procedure. We will provide you with an estimate of the anticipated costs, and work with you as much as possible to make the procedure affordable.

We regret the difficulties and financial uncertainties this may cause, but we must abide by these rules if we are to continue to care for Medicare patients. Thanks for your understanding.

Lawrence Plastic Surgery, PA