

Medicare cover | Abdominoplasty (tummy tuck) Brachioplasty (armlift)

Medicare has restricted access to Abdominoplasty (tummy tuck) and Brachioplasty (armlift) item numbers. In order to qualify the following criteria applies and must be documented by your GP in a referral letter. Holders of eligible Private Health Insurance may be able to claim hospital fees and a small portion of surgeon and anaesthetic fees.

massive weight loss 5 points of BMI*

- Intertrigo (rash) or other skin condition that risks loss of skin integrity and has failed 3 month of conservative treatment, and
- redundant skin and fat that interferes with the activities of daily living, and
- Weight loss has been stable for 6 months

Medicare items:

Tummy Tuck 30177

Armlift 30169

Multiple lipectomies attract a Medicare benefit only once

#not inc the products of conception

post pregnancy resulting abdominal wall defect

- not within 12 months after the end of a pregnancy;
- have a diastasis of at least 3cm measured by diagnostic imaging; and
- documented symptoms of pain or discomfort at the site of the diastasis in the abdominal wall during functional use and/or low back pain or urinary symptoms likely due to rectus diastasis; and
- failed to respond to conservative treatment including physiotherapy

Medicare item 30175

Applicable once per lifetime

F O R M E
i n s t i t u t e

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