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Breast Reductions and Insurance

Many patients have questions regarding whether their insurance will cover a breast reduction (or reduction mammoplasty). This is an increasingly complicated issue. To assist our patients we are providing this information.

Some insurance plans will cover a breast reduction if it is determined (by the insurance company) to be medically necessary. **Over recent years the criteria used by most insurances has become increasingly strict and many plans no longer cover breast reductions except in the most extreme cases.** For most plans, some or all of the following conditions must be present for the plan to approve coverage:

1. Neck and/or upper back pain (many plans require the patient to first try physical therapy to treat the pain prior to authorizing the surgery)
2. Chronic rashes beneath or between the breasts from the tissues rubbing
3. Many plans require a calculation called BSA, based on your height and weight. Our staff can provide you with this calculation and discuss with you whether your BSA is likely to be in the range asked for by the insurance companies.

We always advise our patients to get a written predetermination of coverage from their insurance before proceeding with surgery. What this means is that the insurance company reviews the patient's case and makes a determination, prior to surgery, whether the procedure would be considered covered under that plan. We are happy to assist patients by writing a letter to their insurance company requesting this information. To do this, most insurance plans require us to provide:

1. Pictures of the patient
2. A description of any medical problems such as those noted above
3. Copies of any medical records from other physicians relating to these problems (such as physical therapy records)
4. An estimate of the amount of tissue to be removed
5. Height and weight of the patient

Getting a response from the insurance company typically takes 4-6 weeks. We will call you as soon as we have a response. If you have questions in the meantime, you can call your insurance company and ask them the status of the predetermination letter.

Sometimes an insurance plan will deny the surgery until the patient first tries physical therapy. Although some medical research indicates loss of weight will not result in a decrease in the size of breasts, some insurance plans will require a patient to first lose weight prior to trying surgery. If the amount of reduction that a patient needs is not a large amount, the insurance company may deny it as being cosmetic rather than medically necessary.

An increasing number of insurance policies have specific exclusions against breast reduction surgery. This means these plans will not cover breast reduction surgery regardless of the reason.

If your insurance denies the surgery, you can appeal this with them. However, due to the time involved in the predetermination process, our office is unable to appeal the predeterminations. We will be happy to provide you a copy of our predetermination letter to assist you in your own appeal.

You should be aware that an insurance giving prior approval for a breast reduction is still not a guarantee that they will cover the procedure. Insurance companies will never guarantee coverage of a procedure until after it has taken place. However, by having a predetermination letter done prior to the surgery, you get as much assurance as possible.

As always, if you have any questions about this information, or your procedure, please call our office.