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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 based on your height and weight, either a BSA or BMI. You can find BMI calculators online or our office can tell you what your BMI is. Each insurance may have different requirements regarding weight.

We always advise our patients to get a written predetermination of coverage from their insurance before proceeding with surgery. A predetermination is a letter from the doctor asking the insurance to review the case and make a determination, prior to surgery, as to whether the procedure would be considered covered under that plan. We are happy to assist patients by doing a predetermination letter to your insurance. 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 problems (such as physical therapy)
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. You can also 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 or the insurance may require weight loss prior to 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.

To obtain the best results from a breast reduction, ideally patients should have a BMI of 35 or less. Patients with a higher BMI may be considered on a case-by-case basis but you should be aware that insurances will typically require something in that range also.

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 even when insurance gives prior approval for a breast reduction this is 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.