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### Breast Reductions and Medicaid

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

In the State of Texas, Medicaid does cover breast reductions **but only under very specific guidelines.**

At least one of the following criteria must be met:

- Evidence of a restrictive pulmonary defect (breathing difficulties)
- Evidence of severe neck and/or back pain with incapacitation from the pain
- Evidence of ulnar pain/paresthesia from thoracic nerve root compression (arm pain or numbness)

In addition, the amount of tissue expected to be removed from each breast must be a minimum of 500 grams per breasts. And patients age 40 or older must have had a negative mammogram within the last year.

Our office is happy to assist patients in obtaining authorization from Medicaid. However, before we can do so patients must provide us with the information which Medicaid requires. **At the time of their initial consultation patients must provide to our office the following:**

1. A referring letter from the primary care physician which documents the reasons for the referral
2. Documentation from any treating physicians/healthcare providers regarding the medical problems. For example, if a patient has seen a pulmonologist regarding breathing difficulties relating to the breast size, a letter or medical records from the pulmonologist would be needed. If the patient has had any physical therapy or treatment for back or neck pain, copies of those medical records would be needed.
3. Pulmonary function tests – all patients are required to have pulmonary function tests. These can be obtained from a pulmonologist or your primary care physician. You should speak with your primary care physician to obtain these tests.
4. Documentation of any failed treatments for neck/back/ulnar pain
5. Results of a weight reduction program with amount of weight lost, if patient is considered clinically over weight as per their primary care physician. Medicaid will consider a patient's height and weight when considering approval of a breast reduction.

If a patient does not yet have this information, we cannot seek Medicaid authorization. After a patient has gathered this information, our office will then submit the surgeon's findings along with the above information to Medicaid to seek authorization for the surgery. It should be noted that even if all of the above information is obtained, this is still not a guarantee that Medicaid will cover the surgery. Please note we cannot request authorization from Medicaid without this information. You can have the information faxed to us at 972-566-3999 or mail it to our office.

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 Medicaid will typically require something in that range also.

If you have any questions regarding this, please do not hesitate to contact our office at any time.