Because insurance carriers have certain criteria that must be met before they deem breast reduction surgery medically necessary, it is the policy of Hickory Plastic Surgery Center to obtain prior plan approval before scheduling. To submit for prior plan approval, we must submit medical records, letters of support and/or explanations from the referring provider.

## BREAST REDUCTION MAY BE CONSIDERED MEDICALLY INDICATED WHEN

- Patient is 19 years or older
- Patient is not pregnant
- Patient has not delivered a child within the past 12 months
- Patient is not breast-feeding.
- Patient has documentation of significant symptoms that interfere with activities of daily living, interference with employment or employability, and/or inability to perform household tasks.
- Patient is unable to sleep in a reclined position due to shortness of breath, pain, or pressure.
- Patient has chronic neck, back or shoulder pain not related to other causes.
- Documentation from 2 physicians other than the operating surgeon (one of whom must specialize in musculoskeletal disorders, e.g., orthopedist, physiatrist, rheumatologist, osteopathic physician) that shoulder, neck and/or back pain related to macromastia has not been responsive to a minimum 6-week course of conservative treatment, such as utilization of an appropriate support bra, NSAIDS, physical therapy or other exercise/therapy.
- For intertrigo, documentation may include, documentation of appropriate hygiene, antibiotic and antifungal therapy and utilization of an appropriate support bra.
- Patient should not be more that 25 percent over their ideal weight according to the Metropolitan Life Insurance table or have a BMI greater than 27.
- The weight of breast tissue anticipated to be removed must be greater than the threshold value for a given body surface.

## BREAST REDUCTION SURGERY IS USUALLY NOT COVERED FOR

Weight Loss Poor Posture Breast Asymmetry Pendulous Breasts Clothes that do not fit properly Nipple-Areola distortion Psychological consideration