Breast Reduction Referral

If seeking to have breast reduction billed through insurance, documentation of the following is required prior to scheduling the initial consult. This is not a guarantee that the patient’s insurance company will cover the cost of care.

The following criteria must be met prior to scheduling the patient’s initial consult.

When the patient has significant symptoms that have interfered with normal daily activities, despite conservative management, for at least 6 months, including at least one of the following two criteria:

- History of back and/or shoulder pain which adversely affects activities of daily living (ADLs) unrelieved by, e.g.:
  - Conservative analgesia (e.g., such as NSAID, compresses, massage, etc.)
  - Supportive measures (e.g., such as garments, back brace, etc.),

  and/or:

- History of significant arthritic changes in the cervical or upper thoracic spine, optimally managed with persistent symptoms and/or significant restriction of activity, e.g.:
  - Signs and symptoms of ulnar paresthesias
  - Cervicalgia
  - Torticollis
  - Acquired kyphosis

Must have documented signs and symptoms of:

- Intertriginous maceration or infection of the inframammary skin (e.g., hyperpigmentation, bleeding, chronic moisture, and evidence of skin breakdown),
- Refractory to dermatologic measures, or
- Shoulder grooving with skin irritation (e.g., areas of excoriation and breakdown) by appropriate supporting garment

Must have documentation of all the following criteria:

- BMI of 33 or under
- Be at least 18 months post bariatric surgery, if applicable.
- Stable weight for at least 6mos
- 6 months of conservative therapies such as Physical Therapy and/or Chiropractic care well documented
- Non-nicotine user in any form including replacement therapy
- Negative mammogram for patients over age 40
- A1C below 6.8 if diabetic