

## 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.:
  - o Conservative analgesia (e.g., such as NSAID, compresses, massage, etc.)
  - o 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.:
  - o Signs and symptoms of ulnar paresthesias
  - o Cervicalgia
  - o Torticollis
  - o 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