

BREAST REDUCTION CRITERIA REQUIREMENT POLICY

Most insurance companies consider breast reduction surgery cosmetic unless hypertrophy of your breasts is causing significant pain, paresthesias (nerve pain), or skin ulceration. Reduction mammoplasty for asymptomatic patients is considered cosmetic.

If you have decided to move forward with breast reduction surgery and wish your insurance company to consider paying for this procedure, your specific case will have to be proven medically necessary. Most insurance companies have specific criteria that must be met. You should contact your insurance company about their specific coverage for your policy. Breast reduction symptoms must be persistent and evaluated and documented by another healthcare professional.

As a courtesy to you, we may submit your case to your insurance company for consideration one time. In order to do so, we require the following information from you as soon as possible:

- At minimum, 3 to 12 months documentation of failed conservative treatment of your symptoms (such as physical therapy, NSAID medications, weight loss, etc.)
- Letters of medical necessity from other healthcare professionals (Primary Care Physician, Physical Therapist and Orthopedic Surgeon)
- Copies of any imaging such as X-rays, ultrasounds, CT scan or MRI of the spine
- For women over 40, a copy of your most recent mammogram report

These required pieces of information along with Dr. Szymanski's History and Physical Examination and photographic documentation will strengthen your case that we present to your insurance company for medical review. The more documentation you provide to us, the stronger your case is and more likely it is to be approved by your insurance. Once your insurance company has received our pre-certification package, it typically takes them up to one month to make a determination if your case meets their criteria for approval of benefits.

We make every effort to determine your benefits prior to surgery. You may expect to pay any determined Deductibles and/or any projected Co-Payment and Co-Insurances prior to surgery. If your insurance company receives our claim for your surgery, then later determines your surgery is cosmetic, and denies our claim for payment to Dr. Szymanski, you will be responsible for appropriate payment to Dr. Szymanski. If you wish to appeal a denial of surgery by your insurance company, we will provide you with our letter summarizing your medical necessity, but the appeal must be initiated and followed up by you.

I have read and understand this Breast Reduction Criteria Requirement policy.

X _____ Date: _____

Patient's Signature