



BARBOUR PLASTIC SURGERY

Insurance Information for Breast Reduction Surgery

In general, breast reduction surgery is only covered by insurance if the procedure is deemed **medically necessary**. In order for your insurance company to consider a procedure medically necessary, there are specific requirements that you must meet. Every insurance plan is completely different and each plan has different requirements, but the majority of insurance plans require you to meet the following criteria:

- 1. Clinical notes from appointments with a doctor indicating that you have had symptoms for at least 6-12 months.** (*examples of symptoms include back pain, rashes, shoulder grooving, etc.*)
- 2. Clinical notes that show you have had at least 3 months of conservative treatment for symptoms that have failed.** (*examples of conservative treatment include medications for rashes, support bras, physical therapy, treatment by an orthopedist, chiropractor, or dermatologist, etc.*)

If you meet the above criteria, you may be a candidate for insurance to authorize a breast reduction surgery.

If you meet the above criteria, your next step is to schedule an appointment with our office to talk about starting the insurance authorization process.

You will need to mail, fax, or email documentation of the above two criteria before you will be able to schedule an appointment. If you do not provide documentation, your appointment will be cancelled until you can provide such documentation.

Insurance companies also require photographs to be submitted with authorization requests. Pictures will be taken at your appointment and will be included in the authorization request.

Please keep in mind, insurance authorizations for breast reductions can take anywhere from 3 weeks to 3 months for an authorization decision to be made from your insurance company.

If you have any questions, please call our office at [703-972-6655](tel:703-972-6655) or send an email to patients@drjohnbarbour.com.