BREAST REDUCTION PATIENT QUESTIONNAIRE

**STEP ONE:** Contact your Health Insurance Company and ask for the Benefits/Coverage Department to inquire if breast reduction is a covered benefit under your specific plan. If it is, please have them refer you to their “Coverage Determination Guidelines” for breast reduction surgery (please print and attach the guidelines to this questionnaire). There, you will find exactly what medical documentation is required for consideration of medical necessity. Once you have met all requirements by your plans policy, please continue to Step Two.

**STEP TWO:** Please complete the following questionnaire that will assist us in obtaining the necessary information to submit to your health insurance for their consideration of coverage for your breast reduction. Thank you for being as detailed as possible.

Name: ______________________________  D.O.B.: __________   Height: _____  Weight: _______

Reason for visit: ______________________________________________________________

Current bra size: _________________________   Desired bra size: __________________________

Why are you interested in this surgery? ________________________________________________

If you have you seen another surgeon regarding this procedure, please explain why you did not proceed with surgery:____________________________________________________________

Any conditions below must be present for **at least 6 months**. If you answer yes to any of the following, you **must attach supporting documentation** of failed non-surgical therapies from a Physician/Specialist.

**YES**   **NO**

☐ ☐ 1. Do you currently suffer from any of the following? If so, what treatment was required?

☐ ☐ Shoulder pain/grooving ___________________________________________________________

☐ ☐ Neck pain _____________________________________________________________

☐ ☐ Back pain _______________________________________________________________

☐ ☐ Rash/Infection in folds of the breast _____________________________________________

☐ ☐ Other __________________________________________________________________

☐ ☐ 2. Do your breasts affect your daily activities? If so, how? ________________________________

*Continue…*
STEP THREE: GETTING THE NECESSARY PAPERWORK PRIOR TO YOUR CONSULTATION

In certain circumstances, medical insurance will cover the cost of a breast reduction surgery, though certain criteria must be met for patients to qualify. Patients will often need to have their primary care physician cite the size of the breasts as a cause for pain. A plastic surgeon will then need to define a treatment plan and note how much breast tissue will be removed to help alleviate this pain. Insurance policies and providers all vary with regard to breast reduction surgery. It is of the utmost importance that you contact your insurance company directly to find out if 1) your plan includes coverage for breast reduction surgery and 2) what the requirements are for coverage. By getting all the necessary paperwork done ahead of time and knowing what requirements need to be fulfilled, you will be able to increase your chances for getting your procedure approved.

Our policy here at the Center for Plastic Surgery is to obtain medical documentation that substantiates medical necessity for breast reduction surgery.

This includes:
- Primary Care Physician - Medical Necessity letter that includes your symptoms, issuing medication for pain and/or rashes caused by macromastia, and full physical within the last year.
- Physical therapy notes for neck and/or back pain
- Chiropractor notes
- Orthopedic notes
- X-rays (or MRI, CT scan) which show disc issues or degenerative changes in the neck or upper chest

Please contact these providers and have the following medical documentation submitted to us by email, fax, or mail.

1. Breast Reduction Patient Questionnaire (completed by you)
2. Your Coverage Determination Guidelines
3. Primary Care letter of medical necessity AND full physical exam notes
4. Any other medical documentation that substantiates medical necessity

Once the above information is received we will contact you to schedule your breast reduction consultation with Dr. Eliopoulos. After your consultation with Dr. Eliopoulos we will submit your medical documentation along with Dr. Eliopoulos evaluation notes, plan for breast reduction surgery and your photos to your health insurance. We will notify you by email that we have submitted a request for prior authorization to your health insurance. You will be notified by your health insurance in writing of their decision. The decision process can take approximately 2-4 weeks for most insurance carriers.

STEP FOUR: IF AFTER REVIEWING STEPS ONE & TWO you feel that breast reduction surgery is for cosmetic reasons and not for medical necessity, please call our office for a cosmetic quote (978) 275-9440.