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***A MESSAGE TO MEDICARE PATIENTS
REGARDING BREAST REDUCTION SURGERY***

Unlike traditional insurance plans, Medicare does not have a system where our practice can determine prior to your procedure if your breast reduction will be covered as “medically necessary.” That is, our office is not allowed to send a predetermination or pre-certification letter, documentation from other physicians, photos, etc., beforehand to determine if Medicare will pay for your procedure or deny it as a cosmetic. Therefore, we are required BY LAW to inform you of this prior to the procedure, as you may be responsible for the costs of surgery, anesthesia, hospital and lab charges if Medicare does not pay after the surgery.

In the past, despite our written appeals, cases that are border line due to the small amount of tissue removed relative to the patient’s height and weight have been denied coverage. While there may be a functional benefit for these patients, a significant number of patients also have breast reduction performed for reasons not considered medically necessary (difficulty in finding bras that fit, social embarrassment, cosmetic, etc.). This is perhaps why Medicare does not simply pay for all of these operations.

There are published Medicare guidelines for “medical necessity” for breast reductions at (https://www.cms.gov/mcd/viewlcd.asp?lcd_id=28222&lcd_version=3&show=all). If you clearly meet these guidelines, there is an expectation that it will be a covered procedure. Our office will let you know if your case is border line in our opinion based on our best understanding of the rules. We can never say for sure if the surgery will or will not be covered. If Medicare coverage is denied, you independently appeal the decision. However, if your appeal process is not successful, you will be responsible for all charges associated with the procedure. Our office can provide you with an estimate of the anticipated costs, and work with you as much as possible to make the procedure affordable.

We regret the difficulties and financial uncertainties this may cause, but our practice must abide by these federal rules and guidelines if we are to continue to care for Medicare patients. Thanks for your understanding. (excerpt from Lawrence Plastic Surgery, PA).

Sincerely,

Dr. James Lowe, MD, FACS
Board Certified American Board of Plastic Surgery and American Board of Surgery

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