



In order for us to submit to insurance for a prior authorization, we will need specific pieces of documentation to attest to the procedure being medically necessary. This documentation **must be** obtained and submitted to our office for review; the surgical evaluation cannot be scheduled until **all** documentation is received and **all** requirements are met.

- Medical records from your family doctor that discusses your treatment. Generally, your insurance company needs to see that you have tried other conservative methods for **3 to 6 months consecutive months** for relief before you asked for surgery. They are looking for things such as: neck/back pain, grooving in shoulders from bra straps, hot/cold therapy, creams and powders for related rashes, and over-the-counter and/or prescription pain medications. They also want to see that your doctor has ruled out other causes of your pain. *We recommend checking with your insurance company for specific requirements as they can vary.*
- Any chiropractic, massage therapy, or physical therapy records related to this problem. A letter of medical necessity from the provider(s) is helpful if they have treated you for the issue. Documentation from any other medical provider (ex: dermatology, OBGYN, etc.) that has treated you for related issues is helpful and can also be submitted.
- If you are over 40 years old, we will need a copy of your mammogram results from within the past two years.
- If you are a current smoker, the insurance requires you to be enrolled (with proof) in a smoking cessation program before they will approve your authorization. You will be required to quit smoking 4 weeks before and 4 weeks after your surgery; our office performs nicotine tests, and **your surgery will be cancelled if this requirement is not met.**
- A BMI of 35 or less. The evaluation will not be scheduled if the BMI requirement is not met, and surgery will be cancelled if the BMI requirement is not met. Your health and safety is important to us!**
- If you are currently prescribed a GLP-1 or weight loss medication, you are required to meet your goal weight before proceeding with an evaluation. Changes in weight will effect breast measurements, which in turn will affect insurance determination and coverage.**

We cannot submit to your insurance until we receive these documents and you are seen by an LPS provider. **PLEASE DO NOT FAX US DOCUMENTATION UNTIL ALL OFFICE NOTES/LETTERS HAVE BEEN OBTAINED AND ALL REQUIREMENTS HAVE BEEN MET.** Once you have received all documentation and have met all requirements, they can be faxed to 814-849-9942 for review. If you have any questions or concerns, please feel free to call our office at 814-849-6591; we are happy to help you!

Thank you for choosing LaBrasca Plastic Surgery for your medical and surgical needs. We appreciate your cooperation, and we look forward to seeing you!