

Reduction Mammoplasty


Breast reduction involves removal of glandular, fatty and skin tissue from the breast. The procedure is performed in order to alleviate or correct medical problems caused by excessive breast tissue. Women presenting various forms of breast hypertrophy accompanied by persistent clinical signs and symptoms that adversely affect health are the principle candidates for breast reduction.

Coverage Guidelines (prior authorization is required):

1. Documentation of symptoms being unresponsive to medical therapies such as physical therapy, use of support garment or brace, conservative analgesia and correction of Obesity (BMI \geq 30) for a minimum of 6 months prior to request for authorization.
2. Functional disability (adverse effect on activities of daily living) related to at least one of the following:
 - a. Documentation of back, neck and /or shoulder pain; or
 - b. Documentation of significant arthritic changes in the cervical or upper thoracic spine; or
 - c. Shoulder grooving; or
 - d. Intertriginous maceration or infection of inflamed skin refractory to medical therapy; or
 - e. Signs and symptoms of ulnar paresthesia documented by nerve conduction studies.
3. Reduction mammoplasty performed to achieve symmetry following removal and/or reconstruction of a breast due to malignancy.
4. Documentation of anticipated amount (in grams) of breast tissue to be removed based on body surface area. Body surface area calculator is available at <http://www.medcalc.com/body.html>. It is recognized that arbitrary minimum weight of breast tissue removed does not consistently reflect the consequences of mammary hypertrophy in individuals with a unique body habitus. Therefore, this policy incorporates the signs and symptoms and physical findings indicated above for the determination of medical necessity.

Reduction mammoplasty will not be covered when performed for cosmetic indications.

Prior Authorization shall be valid for 12 months from date of issuance

Approved by: 
Jerry Fingerut, MD

Date: 6/17/14

Associate Medical Director

Reviewed: _____

Revised: _____