Subject: Reduction Mammoplasty*

Effective Date: November 1, 1994

Department(s): Utilization Management

Policy: Reduction mammoplasty (CPT 19318) for females is reimbursable under Plans administered by QualCare, Inc., when it is performed for non-cosmetic reasons.

Objective: To assure proper and consistent reimbursement and to limit coverage of a potentially cosmetic procedure to medically necessary indications.

Procedure:

A. The requesting provider must submit written and photographic documentation of symptomatic macromastia/gigantomastia (ICD-9 611.1, ICD-10 N62)

B. At least one of the following symptoms or signs must be stated to be present in the written letter of medical necessity:

   1. Neck, back or shoulder pain
   2. Permanent shoulder grooving caused by bra straps
   3. Paraesthesias of hands or arms

C. The requesting provider must state that ≥350 grams of tissue are expected to be removed from each breast.

D. Reduction mammoplasty shall be authorized as a same-day procedure. Determination of the medical necessity of an overnight stay will be made post-operatively if the surgeon requests it.
E. Reduction mammoplasty for gynecomastia (CPT 19300) is considered cosmetic and will not be authorized.

References:


Drafted By: PZevin MD
Approved By/Date: QM Committee/11/1/94
Revised By/Date: BFisher MD/12/23/03
Approved By/Date: QM Committee 02/24/04
Reviewed without Revision By/Date: BFisher, MD 03/03/06
Approved By/Date: QM Committee 03/28/06
Reviewed without Revision By/Date: BFisher, MD 09/28/08
Approved By/Date: QM Committee 10/28/08
Reviewed without Revision By/Date: BFisher, MD 07/13/10
Approved By/Date: QM Committee 07/27/10
Reviewed without Revisions By/Date: MMcNeil, MD 07/05/12
Approved By/Date: QM Committee 07/24/12
Revised By/Date: MMcNeil, MD 07/09/14
Approved By/Date: QM Committee 7/22/14

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.