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 postoperatively if the surgeon requests it.

E. Reduction mammoplasty for gynecomastia (CPT 19300) is considered cosmetic and will not be authorized.

References:


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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
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Reviewed without Revisions By/Date: MMcNeil, MD 07/05/12

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