Subject: Reduction Mammoplasty*

Updated: October 28, 2008

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.

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. Paresthesias 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 is considered cosmetic and will not be authorized.

References:


McKesson Health Solutions LLC. Reduction Mammoplasty, Female, Bilateral. *InterQual Criteria*


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