



Clinical Medical Policy Breast Reduction Surgery

Benefit Coverage:

Conditional benefit; approval is based on review of medical necessity documentation.

Description:

Breast reduction surgery (reduction mammoplasty) is the surgical removal of a substantial portion of the breast, including the skin and underlying glandular tissue, until a clinically normal size is obtained.

In the absence of medical necessity, surgery being performed solely to enhance physical appearance is considered “cosmetic”, and therefore not covered.

Coverage Determination:

Prior authorization and review of medical necessity documentation is required.

Criteria:

For female breast reduction surgery, members must meet all of the following criteria:

- 1) Well-defined shoulder grooving
- 2) Persistent, long-standing back, neck, shoulder or other musculoskeletal pain attributed to large breasts that are severe enough to require medical management with analgesics and/or physical therapy.
- 3) No longer of child-bearing age or documented discussion of impact on future breast feeding.
- 4) Estimated removal of breast tissue will be at least 500 grams per breast.

Covered Procedures:

CMP Number: CMP-005.01
CMP Cross Reference: CMP 012-00 Plastic Surgery

References:

Breast Feeding after Breast Reduction, Michael Berment, MD, Board Certified by American Board of Plastic Surgery

http://www.plasticsurgery4u.com/procedure_folder/breast_reduction/breast_feeding_after.html

Created:

Annual Review Month:

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