



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.

Service	Coverage Determination	Criteria
Breast Reduction Surgery	Prior authorization and review of medical necessity documentation is required	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.

CMP Number: CMP-005.02
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.plasticsurgeryAu.com/procedure_folder/breast_reduction/breast_feeding_after.html

Created:

Annual Review Month:

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