Breast Reduction Mammaplasty for Symptomatic Breast Hypertrophy
MPM 2.5

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Reduction mammaplasty is a surgical procedure performed to reduce the volume and weight of the female breasts. It is one of the most common plastic surgery procedures performed in the United States and may be considered reconstructive or cosmetic. A reduction mammaplasty is considered reconstructive surgery when there is a physiological impairment caused by symptomatic breast hypertrophy; the intent of breast reduction surgery is to resolve the symptoms and alleviate the physiological impairment.

Cosmetic surgery performed to shape normal structures of the body in order to improve the patient’s appearance and self-esteem is not a covered benefit.

Other related medical policies:
• MPM 7.0, Gynecomastia (Surgical Treatment)
• MPM 2.11 Breast Reconstruction Following Mastectomy

Coverage Determination

Reduction mammaplasty requires Prior Authorization. Log on to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp.

Presbyterian now uses MCG (formerly Milliman) Criteria # A-0274. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Approval Signatures:
Clinic Quality Committee: Norman White MD

Medical Director: Pedro Cardona MD

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06-25-08: Transitioned to Medical Policy, Annual review and revision
09-23-09: Annual review and revision
09-22-10: Annual review
12-01-10: Revision, removed “Photographic documentation confirming severe breast hypertrophy”
01-18-12: Annual Review
01-30-13: Annual Review
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0274

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and medical directors may use them in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm