



**Subject:** Reduction Mammoplasty\*

**Effective Date:** November 1, 1994

**Department(s):** Utilization Management

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**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  $\geq 350$  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 (**CPT 19300**) is considered cosmetic and will not be authorized.

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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.