

The Office of Vermont Health Access Medical Policy

Subject: Reduction Mammoplasty

Last Review: 05/11/09

Revision 3:

Revision 2:

Revision 1:

Original Effective: 05/11/09

Technical Revision: 09/08/09

Description of Service or Procedure

Reduction mammoplasty is the surgical reduction of breast volume and weight. It is performed on patients with macromastia, or excessive breast tissue.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102](#) Prior Authorization

[7103](#) Medical Necessity

[7310](#) Cosmetic Surgery "Cosmetic surgery and expenses incurred in connection with such surgery are not covered...For example, the exclusion does not apply (and payment would be made) for surgery...for therapeutic purposes that coincidentally serves some cosmetic purpose. In questionable cases, authorization prior to performing surgery should be requested from OVHA".

Coverage Position

A reduction mammoplasty may be appropriate for those individuals who:

- Are VT Medicaid beneficiaries on the date of service; and
- When this surgery is prescribed by a medical provider active with the VT Medicaid program who is knowledgeable about the medical necessity of this surgery and who provides medical care to the beneficiary; and
- Who meet the clinical guidelines below.

Coverage Guidelines

Reduction mammoplasty is medically necessary when at least 2 of the following are documented in the last 6 months (photos are appropriate):

- Intertrigo
- Pain in the upper and lower back, neck, arm, and/or shoulder
- Headache
- Paresthesia of the upper extremities
- Difficulty exercising
- Postural changes
- Bra strap grooving
- Chronic breast pain due to the weight of the breasts

Documentation requirements:

- Conservative treatment(s) utilized in the last 6 months (i.e. NSAIDs, antifungals, physical therapy); and
- The patient must be over 18 years old or breast growth complete; and
- Surgical risks including, but not limited to, interference with lactation, thromboembolic complications, delayed wound healing, infection, impairment of sensation, necrosis, scarring and hematoma have been reviewed with the patient; and
- Breast exam with no evidence of breast cancer; and
- Recent mammogram, if 40 or older; and
- All other etiologies ruled out (i.e. degenerative joint disease, depression, substance abuse, osteoporosis); and
- Utilizing the Schnur Sliding Scale, the individual's body surface area (BSA) and average grams of tissue per breast to be removed falls in one of the categories below:

Body Surface Area	Grams of excess breast tissue to be removed (estimated)
1.35 to 1.40	199 g to 218 g
1.41 to 1.45	219 g to 238 g
1.46 to 1.50	239 g to 260 g
1.51 to 1.55	261 g to 284 g
1.56 to 1.60	285 g to 310 g
1.61 to 1.65	311 g to 338 g
	>338 g

Clinical guidelines for repeat service or procedure

Clinical criteria must be met for medical necessity.

Type of service or procedure covered

Reduction mammoplasty, medically necessary

Type of service or procedure not covered (this list may not be all inclusive)

- Reduction mammoplasty, cosmetic
- Liposuction as a means of breast reduction

References

American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Reduction Mammoplasty. Last updated 2002 March. Retrieved April 9, 2009, from http://www.plasticsurgery.org/Medical_Professionals/Health_Policy_and_Advocacy/Health_Policy_Resources/Recommended_Insurance_Coverage_Criteria.html

American Society of Plastic Surgeons (ASPS). Practice Parameters. Reduction Mammoplasty. Last updated 2002 March. Retrieved April 9, 2009, from http://www.plasticsurgery.org/Medical_Professionals/Health_Policy_and_Advocacy/Health_Policy_Resources/Recommended_Insurance_Coverage_Criteria.html

Chadbourne EB, Zhang S, Gordon MJ, Ro EY, Ross SD, Schnur PL, & Schneider-Redden PR. Clinical Outcomes in Reduction Mammoplasty: A Systematic Review and Meta-Analysis of Published Studies. *Mayo Clinical Procedures*. 2001; 76; 503-510.

Espinosa-de-los-Monteros A & de la Torre JI. (2007, August) Breast Reduction, Lejour. Retrieved April 10, 2009, from <http://emedicine.medscape.com/article/1274770-print>

Hayes, Inc. Hayes Medical Technology Directory. *Reduction Mammoplasty*. Landale, PA: Hayes, Inc.; December 2008.

Vasisht B & Gomuwka P. (2008, August). *Breast Reduction, Vertical Bipedicle*. Retrieved April 10, 2009, from <http://emedicine.medscape.com/article/1275224-print>

The Medicaid Rule only lists coverage availability, it does not guarantee individual determinations of medical necessity. Please check with the appropriate department to determine if the service/item in question is a covered service/item under a particular benefit plan. Use of Medicaid rule is not intended to replace independent medical judgment for treatment of individuals.

This document has been classified as public information.

