

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 06/01/01 11/01/06
Section: General Medical Policy	Section: 53.06	
Subject: Reduction Mammoplasty	Pages: 1	
	Cross Reference: <u>53.23 Male Gynecomastia</u> <u>7.03 Maintenance of Records</u>	

DOM will cover reduction mammoplasty only when there is medical documentation that demonstrates the procedure is:

1. medically necessary, **AND**
2. reconstructive, **AND**
3. performed as a last means of attempting to alleviate a patient's symptomatology and dysfunction due to the excessive breast size.

Criteria

Justification for reduction mammoplasty should be based on the probability of relieving clinical signs and symptoms of macromastia. The surgeon's documentation must include the following criteria:

- A complete and accurate patient history that includes complaints of pain and restriction of normal activity.
- Medical necessity for the removal of a minimum of 500 grams of tissue from each breast.
- Supra sternal notch to nipple measurement of 28 cm or greater.
- Frontal and lateral photographs of the breasts.

In addition to the above criteria, documentation of the following may support the determination of medical necessity:

- Documentation of a history of intertrigo (chronic irritation under or between breasts).
- Psychological assessment.
- Documentation of strap marks - as evidenced in photographs.

DOM recognizes the amount of breast tissue removed for relief of symptoms varies with height, weight and bra size and that, in some instances, the removal of less than 500 grams of tissue is appropriate for the relief of symptoms. In such instances, it is required that the physician must provide full documentation in the medical record that justifies reduction mammoplasty with removal of less than 500 grams. All other medically necessary criteria **must** be satisfied.

Refer to section 7.0, General Policy for additional documentation information.

Prior Approval

Prior approval for reduction mammoplasty will not be required. The surgeon must retain all documentation supporting medical necessity in the medical record. The final determination of medical necessity will be made by the surgeon based on the criteria listed in this policy.