

NOTICE OF RULE ADOPTION—FINAL RULE

**STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID**

Miss. Division of Medicaid
c/o Bob M. Dent, Staff Officer
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Specific Legal Authority Authorizing the promulgation of
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
Provider Policy Manual Update Section 53.06.

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
AP 2006-51. This Provider Policy Manual Update to the General Medical Policy Section 53.06
regarding Reduction Mammoplasty.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule:

Executive Director

Signature and Title of Person Submitting Rule for Filing

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 06/01/04 11/01/06
Section: General Medical Policy	Section: 53.06	
Subject: Reduction Mammoplasty	Pages: 1	
	Cross Reference: 53.23 Male Gynecomastia 7.03 Maintenance of Records	

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.