MEDICAL PRE-AUTHORIZATION CRITERIA
MEDICARE

<table>
<thead>
<tr>
<th>PROCEDURE/EQUIPMENT</th>
<th>Reduction Mammaplasty</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT/HCPCS CODES</td>
<td>19316, 19318, 19324, 19325</td>
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**CRITERIA**

**MUST MEET ALL OF THE FOLLOWING:**

1. The member must be age 18 or over and completed pubertal and skeletal development.

2. Photographs must be submitted for review. They should include unobstructed frontal and lateral views, shoulder to waist.

3. The following amounts of breast tissue will be removed from each breast according to the Schnur Sliding Scale based upon the member's body surface area (BSA)*.

<table>
<thead>
<tr>
<th>BSA</th>
<th>Grams of tissue to be removed per BSA</th>
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</thead>
<tbody>
<tr>
<td>1.40 – 1.50</td>
<td>218 - 260</td>
<td>1.91 – 2.00</td>
</tr>
<tr>
<td>1.51 – 1.60</td>
<td>261 - 310</td>
<td>2.01 – 2.10</td>
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<tr>
<td>1.61 – 1.70</td>
<td>311 - 370</td>
<td>2.11 – 2.20</td>
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<tr>
<td>1.71 – 1.80</td>
<td>371 - 441</td>
<td>2.21 – 2.30</td>
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<tr>
<td>1.81 – 1.90</td>
<td>442 - 527</td>
<td>2.31 – 2.40</td>
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* BSA (m²) = ([height (cm) x weight (kg)]/ 3600) ½

To calculate body surface area (BSA), go to this website:

[http://www.mcw.edu/calculators/body-mass-index.htm](http://www.mcw.edu/calculators/body-mass-index.htm)

4. The contemporaneous physician office progress notes must document at least 6 months of clinically significant and persistent symptoms that are directly related to macromastia and that cause impairment of daily function. The determination has been made that the macromastia is not due to an active endocrine or metabolic process. The documented symptoms must include **at least one** of the following:

   a. Severe, intertriginous dermatitis (photos must display intertrigo) unresponsive to consistent conservative treatment; or
   b. Excessive weight of the breasts causing a thoracic or cervical pain syndrome such as upper back/neck/shoulder pain (not lower back pain) not related to other causes. The pain syndrome has not responded to both the consistent use of medication (analgesia or NSAIDS) and at least three months of combined physical therapy and/or chiropractic care with back strengthening exercises and a home exercise program; or
**MEDICAL PRE-AUTHORIZATION CRITERIA**

**MEDICARE**

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<th>CRITERIA (continued)</th>
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| c. Ulnar nerve compression with documented paresthesia secondary to coracoid process descent; or  
  d. Dorsal kyphosis and/or compensatory lordosis documented by X-rays;  

  A summary letter from the requesting physician, primary care physician or subspecialty provider does not meet these documentation requirements.  

5. Photographs and the physician office progress notes document:  

  a. Permanent grooving with skin irritation by supporting garment (bra strap)  
  b. Ulceration of shoulder area related to bra straps and unresponsive to medical management  

6. Documentation of a mammogram in the two years prior to the scheduled surgery for women aged 40 and over  

*Because other musculoskeletal conditions may be treated successfully with medication, physical therapy and/or chiropractic care, a consistent trial of these modalities is warranted prior to reduction mammoplasty.*  

<table>
<thead>
<tr>
<th>NOT COVERED</th>
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| • Cosmetic surgery to reshape the breast to improve appearance is not a Medicare benefit  
  • Mastopexy (CPT code 19316) alone in the absence of breast reconstruction following a diagnosis of breast cancer is not covered  

<table>
<thead>
<tr>
<th>REFERENCES</th>
</tr>
</thead>
</table>
| 1. CMS Local Coverage Determination for Cosmetic and Reconstructive Surgery (L34698). Wisconsin Physicians Services Insurance Corp. effective 10/01/2015; revised 02/01/2016. Accessed at https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698&ver=15&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Connecticut&KeyWord=cosmetic&KeyWordLookUp=Title&KeyWordSearchType=And&list_type=ncd&bc=gAAAAABAAAAAAMA%3d%3d&  


# Medical Pre-Authorization Criteria

## Medicare

### References (continued)


### Medical Directors’ Committee Review History

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>10/29/08, 11/10/10, 11/09/11, 12/05/12, 05/07/14, 05/06/15, 07/06/16</td>
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