

# INSURANCE CRITERIA CHECKLIST FOR BREAST REDUCTION

## REDUCTION MAMMOPLASTY MAY BE COVERED FOR BREAST HYPERTROPHY WHEN ALL OF THE FOLLOWING CRITERIA ARE MET (A, B, C, D, and E)

\*\*Copies of actual medical records documenting the information is required\*\*

**A: The patient has significant symptoms that interfere with normal activities, including at least one of the following:**

1. Symptomatic neck, back, shoulder pain **NOT RELATED** to other causes. Evaluation and treatment of neck, back, or shoulder pain must be supplied.
2. Clinical nonseasonal submammary intertrigo

**B: Physical exam documenting at least two of the following:**

1. Significant shoulder grooving
2. Physical Exam indicates obvious breast hypertrophy
3. Suprasternal to nipple measurement of greater than 28 cm for women greater than or equal to 5' 2" or 25 cm for women less than 5' 2" tall
4. Physical exam is consistent with symptoms precipitating request for reduction mammoplasty

**C: Failure of conservative measures including:**

1. Neck, back, shoulder pain: Failure of 6 weeks of treatment including:
  - a. Appropriate Support Bra trial
  - b. NSAIDS (if not contraindicated) and
  - c. Exercise and heat or cold application
2. For Submammary intertrigo, 6 weeks of treatment including:
  - a. Appropriate hygiene
  - b. Appropriate medical/pharmacologic treatment
  - c. Utilization of an appropriate support bra (Bra fitting)

**D: For patients with a BMI greater than 27, a documented and legitimate medically based attempt to reduce and maintain weight. This requirement relates specifically to patients with low back pain and/or intertrigo, where obesity is a documented risk factor. In the absence of weight loss to a BMI less than or equal to 27, a legitimate attempt at weight loss includes all of the following:**

1. Initial consult with doctor or practitioner (NP, PA) regarding weight loss and ..
2. The weight loss attempt includes **all of the following**:
  - a. Regular visits with doctor, nutritionist or other weight loss program over 3 months
  - b. Weight loss to include dietary modifications and exercise
  - c. Record of reasonable attempts to comply with weight loss program

**E: The weight of the breast tissue anticipated to be removed must be greater than the threshold value for a given body surface area (BSA) in order to be considered medically necessary.**