



## Utilization Management Criteria for Medical Necessity Cosmetic vs. Reconstructive Surgery: Reduction Mammoplasty

**Cosmetic surgery** is performed to reshape *normal* structures of the body in order to improve the patient's appearance and self esteem. ***Cosmetic surgery is not a UPHP benefit.***

**Reconstructive surgery** is performed on *abnormal* structures of the body. It is generally performed to improve function but may also be done to approximate a normal appearance. ***Reconstructive surgery may or may not be a UPHP benefit depending on the medical necessity and requires prior authorization for coverage.***

**Reduction Mammoplasty** is the surgical reshaping of the breast to reduce or lift enlarged or sagging breasts. It may be cosmetic or reconstructive. Cosmetic reduction mammoplasty is not a UPHP benefit.

**Reconstructive Reduction Mammoplasty** is a UPHP benefit when medically necessary to relieve debilitating clinical signs and symptoms of macromastia. It is the intent of UPHP that the primary care provider will attempt management of the condition with noninvasive measures before considering surgery. The signs and symptoms must be unresponsive to more conservative treatment before approval of reduction mammoplasty.

### **Authorization Specifics**

- Prior authorization requests must include documentation to show the medical necessity criteria are met.
- Documentation must include medical records of prior treatments for the condition(s) identified.
- Preoperative photos; nude, waist to shoulder, frontal and lateral, must accompany a prior authorization request. These may be provided by the member or requesting provider. Polaroids are acceptable.

### **Criteria**

1. The member has debilitating symptoms solely due to macromastia, and;
  - Condition interferes with employment, **or**
  - Causes significant disability or psychological trauma, as documented by psychiatric evaluation, **or**
  - It is a component of reconstructive surgery for congenital deformity or trauma, **or**
  - It contributes to a major health problem, including, but not limited to;
    - Chronic intertrigo, dermatitis, or ulceration caused by breast folds
    - Confirmed diagnosis of acquired kyphosis, compensatory lordosis, or scoliosis
    - Shoulder grooving from bra straps
    - Neck, shoulder, back or chest pain



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2. The member must be;
  - 18 years of age or older, **and**
  - Not pregnant, **and**
  - Not delivered a child within the past year
3. Morbid obesity (BMI > 35), if present, unresponsive to medically supervised weight loss management.

### **Weight Loss Program:**

A minimum six months demonstrated compliance by the member with a *physician-supervised* weight reduction program. A "Weight Loss Management Kit" is available. The weight reduction program must include:

- ◆ Primary Care Provider (PCP) visits dedicated solely to weight loss management at least monthly to include:
    - ✓ Review, discuss and adjust each weight loss strategy
    - ✓ Weigh member and determine BMI
    - ✓ Document progress in each strategy (Diet, Activity, Behavior)
  - ◆ Dietary management (provided through a dietician, nutritionalist, health education expert, or other appropriate professional)
    - ✓ Individually planned diet to create 500 to 1000 calories/day deficit
    - ✓ Dietary consultation (covered benefit of 12 visits per year with prior authorization)
    - ✓ Food diary completed at least one week out of each month
  - ◆ Physical activity plan (can be provided through an appropriate professional)
    - ✓ Physical therapy assessment
    - ✓ Exercise log or diary completed at least one week out of each month with the physical activity planned, obstacles encountered, goals met or unmet, etc.
  - ◆ Behavioral health interventions as appropriate
    - ✓ Stress management
    - ✓ Stimulus control
4. Medical records must document the response to previously prescribed interventions, and substantiate the condition being refractory to non-invasive therapies.

### **Bibliography**

1. Michigan Department of Community Health – Medicaid Provider Manual – Practitioner Chapter Section 13, 13.2 Cosmetic Surgery January 1, 2005
2. American Society of Plastic and Reconstructive Surgeons (ASPS), Recommended Insurance Coverage Criteria for Third Party Payers, Reduction Mammoplasty, March 9, 2002

Criteria approvals by UPHP CAC:

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