

**Upper Peninsula Health Plan
Utilization Management Criteria for Medical Necessity
Cosmetic vs. Reconstructive Surgery:
Reduction Mammoplasty**

Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS) and MICHild

Cosmetic surgery is performed to reshape normal structures of the body 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, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. 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 UPHP's intent that the primary care provider (PCP) or specialist will attempt management of the condition with noninvasive measures before considering surgery. The signs and symptoms must be unresponsive to 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.

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
 - ◆ Headaches, neck, shoulder, back or chest pain

2. The member must:

- Be 18 years of age or older, *
- Not be pregnant,
- Have not delivered a child within the past year,
- Be tobacco free for 6 weeks before surgery.

**Exception: In cases where juvenile hypertrophy is present, the age requirement may be waived. This will be evaluated on a case-by-case basis.*

3. The PCP or specialist submits request to UPHP Clinical Services for approval of medical necessity for reduction mammoplasty:

*UPHP Prior Authorization request via UPHP Assist portal for in-network providers and the UPHP Prior Authorization form for out-of-network providers, and,

*Documentation from medical records that member has met above criteria, and,

*Medical records must document response to previously prescribed interventions, and substantiate the condition being refractory to noninvasive therapies.

Bibliography

1. Michigan Department of Health and Human Services – Medicaid Provider Manual – Practitioner Chapter, Section 12.3, pg. 58, Cosmetic Surgery, July 1, 2025.
2. American Society of Plastic Surgeons: Reduction Mammoplasty: ASPS Recommended Insurance Coverage Criteria for Third Party Payers. Approved May 2011 reaffirmed March 2021.
3. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services Local Coverage Determinations (LCD) for Cosmetic and Reconstructive Surgery (L39051, August 22, 2025).

Criteria approvals by UPHP Clinical Advisory and Utilization Management Committee:

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