



# Guidelines for Medical Necessity Determination for Breast Reduction

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for breast reduction. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and/or state policies and laws applicable to Medicaid programs. Other breast surgeries are covered in other MassHealth Guidelines.

Providers should consult MassHealth regulations at 130 CMR 433.000, 415.000, and 450.000, and Subchapter 6 of the *Physician Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements applicable to this service. Providers serving members enrolled in MassHealth-contracted managed care organizations (MCOs) should refer to the MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

## Section I. General Information

Breast reduction involves removal of glandular, fatty, and skin tissue from the breast. MassHealth considers approval for coverage of breast reduction on an individual, case-by-case basis, in accordance with 130 CMR 450.204, when needed to alleviate or correct medical problems caused by excessive breast tissue. Women presenting various forms of breast hypertrophy (for example, macromastia or gigantomastia of pregnancy) accompanied by persistent clinical signs and symptoms that adversely affect health are the principal candidates for breast reduction.

## Section II. Clinical Guidelines

MassHealth bases its determination of medical necessity for breast reduction on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure, including post-operative recovery. These include, but are not limited to, the following.

- A. A comprehensive medical history and physical exam has been conducted by a physician to evaluate the need for breast reduction.
- B. A surgical treatment plan that outlines the amount of tissue to be removed from each breast and the prognosis for improvement of clinical signs/symptoms pertinent to the diagnosis has been developed.
- C. The member is female and generally over 18 years of age presenting symptoms described in Section II.D of these Guidelines.

- D. Female breast hypertrophy is accompanied by symptoms of persistent pain in the back, neck, and/or shoulders, and/or intractable cervicodorsal myositis, and may or may not include tissue necrosis or ulcerations of the inframammary fold unresponsive to nonsurgical treatments.
- E. Comorbid etiologies of the symptoms have been considered and ruled out.

### Section III. Submitting Clinical Documentation

- A. Requests for prior authorization for breast reduction must be accompanied by clinical documentation that supports the medical necessity for this procedure.
- B. Documentation of medical necessity must include all the following:
  - 1. the primary diagnosis name and ICD-CM codes pertinent to clinical symptoms;
  - 2. the secondary diagnosis name(s) and ICD-CM code(s) pertinent to comorbid condition(s);
  - 3. the most recent medical evaluation, including a summary of the medical history and last physical exam, including the member's age at onset of the condition, duration of the condition, date the member was diagnosed with the condition, the member's current age, comorbid condition(s), and all previous surgeries and hospitalizations;
  - 4. prior treatments that have been tried and have not been effective in managing medical symptoms;
  - 5. results from diagnostic tests pertinent to the diagnosis taken within the last six months;
  - 6. photo documentation (front and lateral shoulder to waist) confirming breast hypertrophy taken within the last six months;
  - 7. the surgical treatment plan described in Section II.B;
  - 8. evidence of consideration and rule-out of comorbid etiologies of the symptoms; and
  - 9. other pertinent clinical information that MassHealth may request.
- C. Clinical information must be submitted by the surgeon involved in the member's care. Providers must submit all information pertinent using the Automated Prior Authorization System (APAS) at [www.masshealth-apas.com](http://www.masshealth-apas.com) or by completing a MassHealth Prior Authorization Request form and attaching pertinent documentation.

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These Guidelines are based on review of the medical literature and current practice in breast reduction procedures. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

**Policy Effective Date:** April 1, 2005  
**Revised July 1, 2005**

**Approved by:**  , Medical Director