

Breast Reduction Surgery Consultation

March, 2002

Updated February, 2005 Reviewed 3/9/06

The PA Nurse may approve if the request meets all of the following criteria:

1. Pain

- (a) Documented pain in neck and/or shoulders or postural backache which must be of 2 years duration and increasing intensity and not due to another identifiable cause and has been actively seeking medical care for this per the medical record.

And

- b) Documented failure of conservative therapy, including an appropriate support bra, exercises, heat/cold treatments, appropriate non-steroidal anti-inflammatory agents or muscle relaxants, and PT.

2. Ulceration of the skin or shoulder grooving not responding to conservative treatment.
3. Significant intertrigo (inflammation under breast where skin opposes skin) with documented treatment failure of at least 2 years.
4. Patient's BMI must be ≤ 28 .

Addition to the above clinical indications, the following criteria must also be met:

1. The patient must at least 18 years of age.
2. The amount of breast tissue removed from each breast is approximated as a minimum of 600 grams.

Breast reduction surgery is not covered when:

- Surgery is being performed to treat psychological symptomatology or psychosocial complaints in the absence of significant physical, objective signs.
- Surgery is being performed for the sole purpose of improving appearance, including when associated with gender reassignment surgery, as this is considered cosmetic in nature.

If the request does not meet criteria, the request must be reviewed by a Medical Director.

References: See attached "Up To Date" for literature review.

Approved by:

Clinical and Service Quality Improvement Committee (CSQIC)

Date: 3/9/06

Approved by:

Rene Bartos, MD/ Paula Olen-Mikrut, MD

Date: 3/9/06