

RULE

Department of Health and Hospitals  
Office of the Secretary  
Bureau of Health Services Financing

Coverage for Reduction Mammoplasty Services

The Department of Health and Hospitals, Bureau of Health Services Financing adopts the following rule as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act. This rule is in accordance with the Administrative Procedure Act.

**Rule**

The Bureau of Health Services Financing adopts the following criteria to govern the provision of reduction mammoplasty services under the Medicaid Program.

**I. Approval Requirements**

A. Qualifying Condition. The recipient must meet the following weight and height criteria before the provider is to submit a request for evaluation and consideration for reduction mammoplasty services. The recipient's total weight shall not exceed 20 percent of the weight limit established by the following formula.

	<b>Height</b>	<b>Pounds</b>
	5 feet	
100		
Each additional inch over 5 feet	5	

For example: A request for reduction mammoplasty services shall not be submitted for consideration for a recipient who is 5 feet tall who weighs more than 120 pounds (100 pounds plus 20 percent). A person who is 5 feet, 1 inch tall shall weigh no more than 126 pounds (105 pounds plus 20 percent) to be considered. A recipient who is 5 feet, 5 inches tall shall weigh no more than 150 pounds (125 pounds plus 20 percent) to be considered.

B. Prior Authorization

1. If the qualifying condition stated above is met, providers may then submit a request for prior authorization for reduction mammoplasty upon which the determination of medical necessity will be made.

2. The following documentation must accompany the request for the prior authorization of reduction mammoplasty services:

- a. posterior photo view of the shoulder straps areas;
- b. frontal photo of chest with face blocked;
- c. lateral photo of chest and;
- d. number of grams of breast tissue to be removed from each breast.

**II. Payment Requirements**

The pathology report and the PA01 or the prior authorization approval letter must be attached to the claim submitted for payment to the fiscal intermediary. The HCFA 1500 claim form cannot be electronically transmitted. The claim will be denied payment if the above requirements are not attached to the claim.

Bobby P. Jindal  
Secretary