VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

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The Department of Vermont Health Access Supplement to InterQual® Criteria

Note: The Department of Vermont Health Access (DVHA) covers the below service(s) in alignment with InterQual® criteria AND must also ensure accordance with applicable Vermont Health Care Rules when making coverage determinations (e.g., when considering medical necessity, the DVHA must ensure that the service is the least costly, appropriate health service that is available). Therefore, information as outlined below may be requested in addition to that included in InterQual® criteria.

To access InterQual® criteria, please log into your account at the Vermont Medicaid Portal, go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Reduction Mammoplasty (Breast Reduction)
Last Review: August 30, 2024*
Past Revisions: n/a

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Reduction mammaplasty is the surgical reduction of the breast and may be medically necessary related to breast hypertrophy causing physiologic dysfunction.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

4.238 Gender Affirmation Surgery for the Treatment of Gender Dysphoria

Coverage Position

Reduction mammaplasty may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding breast surgery, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Criteria Supplemental to InterQual®

Reduction mammaplasty may be covered for members who:

- Experience symptoms as noted in InterQual® criteria and additionally may note symptoms of headache or difficulty exercising.

Additional documentation requirements for prior authorization:

- Photos are required for appropriate documentation and must include images of permanent shoulder grooving and intertrigo if present AND
- The patient must be 18 years or older or has completed breast maturation (i.e. breast size stable over one year) AND
- The provider has reviewed with the member the surgical risks including, but not limited to, interference with lactation, thromboembolic complications, delayed wound healing, infection, impairment of sensation, necrosis, scarring and hematoma AND
- Breast exam reveals no clinical evidence of breast cancer AND
- Recent mammogram, within the last year, if age 40 or older AND
- All related diagnoses have been ruled out, for example, degenerative joint disease, depression, substance abuse, osteoporosis AND
- At least two conservative treatment(s) trialed in the last 6 months with at least a 6-week trial (i.e., NSAIDs, antifungals, physical therapy, chiropractic, supportive measures (e.g. garments, bracing, bra support, weight loss strategies and/or participation in a medically supervised weight loss program). If physical therapy or chiropractic treatments were trialed, notes from treatment may be submitted (or requested if not included) to support medical necessity for prior authorization requests.
- Duration of symptoms at least 6 months.
- BMI of less than 35

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Coding guidelines

Please see the Medicaid Portal at http://vtmedicaid.com/#/feeSchedule for fee schedules, code coverage, and applicable requirements.

References

American Society of Plastic Surgeons. (2021). *ASPS Recommended Insurance Coverage Criteria for Third-Party Payers | Reduction Mammaplasty*. https://www.plasticsurgery.org/documents/Health-Policy/Reimbursement/insurance-2021-reduction-mammaplasty.pdf

American Society of Plastic Surgeons. (2023, March 29). *Higher Body Mass Index Linked to Longer Healing Time after Breast Reduction Surgery*. American Society of Plastic Surgeons. https://www.plasticsurgery.org/news/press-releases/higher-body-mass-index-linked-to-longer-healing-time-after-breast-reduction-surgery

Centers for Medicare & Medicaid Services. (2024, February 1). *LCD - Reduction Mammaplasty (L35001)*. Medicare Coverage Database. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35001&ver=11&

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