

BCNA breast reduction

We provide coverage for this procedure for adolescent and adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *19318

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See below for the questions you'll encounter in the e-referral system.

Q Is the patient's macromastia (large breasts) due to an active endocrine or metabolic process?

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have back, neck or shoulder pain from macromastia and unrelieved by 6 months of A-C? A. Conservative analgesia. B. Supportive measures (garment, etc.). C. Physical Therapy.

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have significant arthritic changes in the cervical or upper thoracic spine, optimally managed with persistent symptoms or significant restriction of activity?

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have intertrigo (inflammation caused by the rubbing of one area of skin on another) or infection between the breasts and the chest wall that has not responded to dermatologic treatment?

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Does the patient have permanent shoulder grooving with skin irritation by supporting garment (bra strap)?

A

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Will amount of tissue to be removed from either breast be greater than or equal to the 22nd percentile on the Schnur Scale?

A

Possible answers: ☐ Yes ☐ No ☐ N/A