



## **Provider Checklist-Outpatient – Breast Reduction Mammoplasty Female & Male**

**CPT Code:** 19318

### **If requesting procedure for Reduction Mammoplasty, Female**

Describe the condition and related symptoms for the requested Reduction Mammoplasty for Female **INCLUDING THE FOLLOWING WHERE APPLICABLE:**

Back/neck/shoulder pain;  
Breast pain;  
Paresthesias of hands/arms;  
Permanent shoulder grooving from bra straps; **AND/OR**  
Intertrigo

Indicate excess breast tissue per breast to be removed (estimated amount):

121 199 Grams (g) to 238 g and Body Surface Area (BSA) 1.35 to 1.45;  
122 239 g to 284 g and BSA 1.46 to 1.55;  
123 285 g to 349 g and BSA 1.56 to 1.69; **OR**  
124 > 350 g

Indicate if breast reduction is related to contralateral breast post mastectomy

### **If requesting procedure for Reduction Mammoplasty, Male**

Describe the condition and related symptoms for the requested Reduction Mammoplasty for Male **INCLUDING ALL OF THE FOLLOWING:**

Breast pain/tenderness;  
Gynecomastia by PE;  
Mammogram/US negative for cyst/tumor ;  
Contributory conditions excluded or treated  $\geq 6$  mos; **AND**  
Medication review results **INCLUDING AT LEAST ONE OF THE FOLLOWING:**

Medications deemed noncontributory;  
Contributory medications discontinued; **OR**  
Requires medication that contributes to gynecomastia for which there is no acceptable alternative medication

