

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 ≥ 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