

**Prior Authorization Request for Breast
Reduction Surgery (Mammoplasty) Evaluation**

Health Tradition

P.O. Box 188
La Crosse, WI 54602-0188
Telephone: 608-781-2118
Toll-Free: 1-888-758-7848
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Health Tradition Health Plan requires prior authorization for breast reduction surgery (Mammoplasty) evaluation.

The following information can be provided by either :

- Completing this form; or
- Submitting a letter of medical necessity/clinical note which includes all the information on this form.

Receiving incomplete information will delay the processing of the request or may result in a denial.

First Name: _____ M.I. _____ Last Name: _____ DOB: _____

Address: _____
street city state zip

Insurance Plan: _____ Insurance Number: _____

Weight: _____ kg Height: _____ cm

Patient is being referred to: _____
(Include name of practitioner and location)

Describe and document symptoms and duration (Must include description of: Shoulder grooving; Functional impairment which affects activities of daily living due to severe breast, neck, back and/or shoulder pain; Upper extremity paresthesias; Painful strap mark indentations; Skin breakdown from overlying breast tissue which includes, but not limited to, tissue necrosis, severe soft tissue infection, hemorrhage or ulceration:

Describe failed conservative treatments including duration. Documentation must include failure of at least six months of conservative treatment. (Examples: supportive bra with wide straps, physical therapy, prescription drug therapy/NSAIDs):

Any contraindications to surgery:

Note: After evaluation is completed, a copy of the evaluation, including anticipated amount of breast tissue removed from each breast and photograph must be submitted by the specialist.

Practitioner: _____

Name of person completing form if different from Practitioner: _____

Criteria:

- A. Health Tradition will approve a mammoplasty if the member meets all of the following criteria:
- Member is at least 18 years or breast growth is complete; and
 - Shoulder grooving documented on physical exam; and
 - Member has one of the following conditions after documented failure of at least six months of conservative treatment, which may include, but is not limited to: supportive bra with wide straps, physical therapy, prescription drug therapy/NSAIDs:
 - Functional impairment which affects activities of daily living due to severe breast, neck, back and/or shoulder pain; or
 - Upper extremity paresthesias; or
 - Painful strap mark indentations; or
 - Skin breakdown from overlying breast tissue which includes, but not limited to, tissue necrosis, severe soft tissue infection, hemorrhage or ulceration
- B. The amount of breast tissue to be removed per breast is at or above the 22nd percentile on the Schnur Sliding Scale based on the member’s body surface area (BSA). The consulting Plastic Surgeon determines the amount of breast tissue to be removed.

To calculate Body Surface Area (BSA)

$$BSA (m^2) = \sqrt{\frac{\text{height in inches} \times \text{weight in pounds}}{3131}} \quad \text{or}$$

$$BSA (m^2) = \sqrt{\frac{\text{height in cm} \times \text{weight in kg}}{3600}} \quad \text{or}$$

See www.intmed.mcw.edu/clincalc/body.html

Body Surface Area	Amount of grams of tissue to be removed per breast
1.35	199
1.40	218
1.45	238
1.50	260
1.55	284
1.60	310
1.65	338
1.70	370
1.75	404
1.80	441
1.85	482
1.90	527
1.95	575
2.00	628
2.05	687
2.10	750
2.15	819
2.20	895
2.25	978
2.30	1068
2.35	1167
2.40	1275
2.45	1393
2.50	1522
2.55	1662
Schnur, Paul, et al. “Reduction Mammoplasty: Costmetic or Reconstructive Procedure?” Annals of Plastic Surgery. 232-237	