

<b>HEALTH SERVICES – INSURED HEALTH &amp; HEARING SERVICES</b>		
<b>SECTION:</b> Physician Claims	<b>TITLE:</b> Criteria for Coverage of Bilateral Breast Reduction Mammoplasty for Female Clients	<b>POLICY #:</b> PC 001
<b>DATE ISSUED:</b> April 01, 2014	<b>CROSS REFERENCE:</b> N/A	<b>MANUAL:</b> Page 1 of 5
<b>DATE REVISED:</b>	<b>LEGISLATIVE AUTHORITY:</b> <i>Health Care Insurance Plan Act and Regulations</i>	

## **DEFINITIONS**

**‘Director’** means the director of the Yukon Health Care Insurance Plan appointed as per section 4(1) of the *Health Care Insurance Plan Act*.

**‘Client’** means a person who is eligible for and entitled to insured health services as defined in the *Health Care Insurance Plan Act*.

## **BACKGROUND**

This policy applies to those eligible clients insured as defined by the *Yukon Health Care Insurance Plan Act*, who are seeking bilateral breast reduction mammoplasty.

Surgery that is not deemed to be medically necessary is considered to be cosmetic surgery which is non-insured benefit as per the *Yukon Health Care Insurance Plan Act*.

### **2. (1) In these Regulations**

- (a) “cosmetic service” includes
  - (iii) mammoplasty procedures,

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### **Services Not Insured**

3. The following services shall be deemed non- insured services under the *Yukon Health Care Insurance Plan Act*:

- (i) cosmetic service to a person over 15 years of age except where the Administrator is satisfied on evidence supplied in advance by the attending medical practitioner that such service to an insured person is medically required;

A two-tiered pre-approval process is required to determine client eligibility for breast reduction mammoplasty surgery.

For clarity, services performed in a private facility are non-insured as per the *Yukon Health Care Insurance Plan Act*.

### **POLICY**

Should breast reduction mammoplasty surgery be deemed medically necessary, **all** of the criteria outlined in this policy must be met in order to be considered eligible for surgery.

Clients approved for a breast reduction mammoplasty surgery will only be eligible **for one surgery in their lifetime.**

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**STEP 1: Criteria for Approval for Consultation by a Surgical Specialist**

**All of the criteria outlined must be met in order to be considered for surgery.**

- Physical maturity must be complete.
- BMI (body mass index) must be less than or equal to 35.
- There must be physical symptoms that have not improved after a reasonable period of non-surgical management. These symptoms include painful shoulder grooving, shoulder pain, upper back pain and chronic intertrigo. The patient should have two of these symptoms all or most of the time.
- Letters requesting pre-approval for a consultation with a surgical specialist shall include: patient's bra size, weight, height and BMI.

**STEP 2: Criteria for Pre-Approval of Surgery**

- The surgical specialist agrees, in writing, that the reduction mammoplasty is medically necessary.
- Specialist physician consultation reports must clearly demonstrate the following:
  - an estimated removal of a minimum of 500 gms of breast tissue from each breast, **and**
  - be received by the Medical Advisor prior to surgery being performed to determine eligibility for benefit as per the *Yukon Health Care Insurance Plan Act*.

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**NOTE:** Authorizations for consultations and for surgeries remain valid for **one year** after which re-application is required. If authorization is provided, only one consultation and one surgery will be approved per patient.

Should a patient not wish to follow up with a surgeon who is recommending surgery, Insured Health Services **will not** approve a second consultation.

It is Insured Health Services' expectation that the bilateral reduction mammoplasty will remove an adequate amount of breast tissue to alleviate the symptoms and to prevent recurrence and re-operation.

### **EXCEPTIONS**

Any exceptions to this policy must be received in writing and pre-approved by the **Director of Insured Health & Hearing Services.**

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## **APPEALS**

Appeals for coverage are to be sent, in writing, to the Director of Insured Health and Hearing Services for review. Letters should be addressed as follows:

Director, Insured Health and Hearing Services (H-2)  
Department of Health and Social Services  
Box 2703  
Whitehorse, YT  
Y1A 2C6

**Note: All requirements of the Acts and Regulations governing Yukon Health Care Insurance remain in effect. All decisions on interpretation will be referred to the Director of Insured Health & Hearing Services.**

Original Signed By Director

April 01, 2014

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**Shauna Demers**  
**Director**  
**Insured Health & Hearing Services**

\_\_\_\_\_  
**Date**