

Title: Breast Reduction Mammoplasty	
Approval Date: 8/9/17	
Effective Date: 8/9/17	
Review Date: 11/5/2020	
Retired Date:	

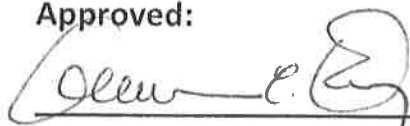
PLEASE REFER TO INTERQUAL – BREAST REDUCTION MAMMOPLASTY.

*For Gender reassignment mammoplasty, please refer to MetroPlus internal MPS Policy UM-MP208 Gender Reassignment Surgery.

REVISION LOG:

REVISIONS	DATE
Creation date	7/20/2017
Annual Review	11/29/2019
Annual Review	11/5/2020

Approved:



 Glendon Henry, MD Date:11/5/20
 Clinical Medical Director

Approved:


 _____ 2.3.2021
 Sanjiv Shah, MD Date:
 Chief Medical Officer