

Reduction Mammoplasty

Date of Origin: 02/1999

Last Review Date: 09/27/2023

Effective Date: 10/01/2023

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Developed By: Medical Necessity Criteria Committee

I. Description

A breast reduction, or reduction mammoplasty, is a surgical excision of a substantial portion of the breast including the skin and underlying glandular tissue, that reduces the size, changes the shape, and/or lifts the breast tissue. Reduction mammoplasty may be approved on an individual basis when medical necessity has been established to relieve a physical functional impairment of members who are 16 years of age or older who have reached physical maturity. Reduction mammoplasty for cosmetic reasons is not a covered benefit.

A reduction mammoplasty that is part of a reconstructive procedure related to breast cancer is not considered in this policy; See *Moda Health Breast Reconstruction criteria*.

II. Criteria: CWQI HCS-0058A

A. Reduction mammoplasty will be covered to plan limitations when **ALL** of the following criteria are met:

- a. The patient must be at least age 16 or older and/or Tanner stage V of Tanner staging of sexual maturity (See Addendum II for Tanner Staging) and ALL of the following:
 - i. Patient's weight has not changed in the past two years or has stabilized.
- b. Medical record documentation that ALL of the following criteria are met:
 - i. **Macromastia** with **1 or more** of the following attributed to macromastia and affecting daily activities:
 1. Shoulder, neck, or back pain for at least 12 (twelve) months duration with **2 or more** of the following that would likely be improved with breast reduction surgery:
 - a. Failed conservative treatment for at least 3 months (*i.e., supportive devices, NSAIDS, etc.*) as documented by serial chart notes.
 - b. Pain increasing intensity over that time period documented with serial provider notes
 - c. The pain may not be associated with another diagnosis, (*e.g., arthritis, disc disorders, joint conditions*)

- d. The patient has documented symptoms related to **1 or more** of the following:
 - i. Related numbness or weakness in the arms consistent with brachial plexus compression syndrome.
 - ii. Severe occipital headaches associated with neck and upper back pain with cervical spine x-rays showing no other causes for neck and shoulder pain
- 2. Severe intertrigo (*chafing under the breasts*) unresponsive to at least 6 (six) weeks of medical management (*e.g., good hygiene, culture-specific topical antibiotics, dressings*), as documented in serial chart notes
 - ii. The amount of breast tissue removed from each breast requested is greater than or equal to 22% of Body Surface Area (BSA). (*See addendum I for body surface area/breast weight table- The Schnur Sliding Scale chart*)
 - iii. There is no evidence of breast cancer (*for women over 40, a mammogram must have been performed within 1 year of proposed surgery*)
 - iv. The requested procedure does NOT include surgical mastectomy, breast reduction, or liposuction for gynecomastia, either unilateral or bilateral. Moda Health considers this cosmetic.
 - v. The requested procedure does NOT include suction lipectomy/liposuction as a surgical alternative to reduction mammoplasty for member who meet above criteria. This treatment is typically considered cosmetic and is unproven for the treatment of symptomatic macromastia.

B. If the request for a reduction mammoplasty is related to gender Confirmation Surgery, please refer to *Moda Health Medical Necessity Criteria for Gender Confirmation Surgery*.

III. Information Submitted with the Prior Authorization Request:

- 1. History and physical including:
 - a. Patient’s height, weight and approximate quantity (grams) of tissue to be removed from each breast.
 - b. Tanner staging of sexual maturity (if adolescent)
 - c. Serial chart notes of conservative treatment, persistent symptoms for 12 months that interfere with ADL and how they interfere
 - d. Chart notes from a physician other than surgeon indicating prior treatment and visits regarding the macromastia.

IV. CPT or HCPC codes covered:

Codes	Description
19318	Reduction mammoplasty

V. CPT or HCPC codes NOT covered:

Codes	Description
15877	Suction assisted lipectomy; trunk
19300	Mastectomy for gynecomastia

VI. Annual Review History

Review Date	Revisions	Effective Date
08/2013	Annual Review: Added table with review date, revisions, and effective date.	08/28/2013
07/2014	Annual Review: Reformatted – moved numbness and weakness in arms under pain, 3.d; added PCP documentation of shoulder, neck, back pain to 3.a	07/2014
12/2014	Removed primary care from 3.a. and added 7. – regarding reference to Gender Reassignment criteria if procedure requested related to that.	12/3/2014
12/2015	Added ICD-10 codes, updated references; added criteria for serial documentation of intertrigo conservative treatment.	12/02/2015
05/2016	Revised criteria added Mammogram criteria	06/29/2016
07/2017	Annual Review: Updated to new template	06/30/2017
08/2018	Annual review- updated Tanner Stage table	
02/2019	Removed color photos requirement	2/8/2019
09/2019	Annual Review: No changes	10/01/2019
09/2020	Annual Review: No changes	10/01/2020
09/2021	Annual Review: Grammar updates, No content changes	10/01/2021
08/2022	Annual Review: No changes	09/01/2022
09/2023	Annual Review: No changes	10/01/2023

VII. References

1. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers-Reduction Mammoplasty. American Society of Plastic Surgeons. May 2011
http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Reduction_Mammoplasty_Coverage_Criteria.pdf
2. Collins E, Kerrigan, C et al. The Effectiveness of Surgical and Nonsurgical Interventions in Relieving the Symptoms of Macromastia. From the Department of Surgery, Section of Plastic Surgery, Dartmouth-Hitchcock Medical Center. April 2, 2001.
3. Glatt B, Sarwer D, O'Hara D et al. A Retrospective Study of Changes in Physical Symptoms and Body Image after Reduction Mammoplasty. From the University of Pennsylvania School of Medicine, Department of Surgery, Division of Plastic Surgery, Department of Psychiatry, and the Edwin and Fannie Gray Hall Center for Human Appearance. 1998.
4. Medicare Guidelines for Breast Reduction, Washington November 1996 Newsletter
5. Milliman & Robertson. Healthcare Management Guidelines. Inpatient and Surgical Care, 1999

6. Schnur, P. Reduction Mammoplasty: Cosmetic or Reconstructive Procedure? Ann Plast Surg. 1991; 27:232-237. Fischer JP, Cleveland EC, Shang EK, et al. Complications following reduction mammoplasty: a review of 3538 cases from the 2005-2010 NSQIP data sets.
7. Aesthet Surg J. 2014 Jan 1;34(1):66-73
8. Nelson JA, Fischer JP, Wink JD, Kovach SJ 3rd. A population-level analysis of bilateral breast reduction: does age affect early complications? Aesthet Surg J. 2014 Mar;34(3):409-16.
9. NCBI; ANNEX HSEXUAL MATURITY RATING (TANNER STAGING) IN ADOLESCENTS; Source: Adapted from reference [218]. 2010, World Health Organization 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: tni.ohw@sredrokoob). <https://www.ncbi.nlm.nih.gov/books/NBK138588/>
10. Physician advisors

Appendix 1 – Applicable ICD-10 diagnosis codes:

Codes	Description
N62	Hypertrophy of breast
M25.511-M25.519	Pain in shoulder

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC

Addendum I

Body Surface Area m² and Cutoff Weight of Breast Tissue Removed	
Body Surface Area m²	22nd Percentile - Minimum Breast Tissue to be Removed in Grams 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

Body Surface Area (BSA-m²) is calculated using the following formula:

- A. Multiply the height (inches) by the weight (pounds)
- B. Divide the result of Step A by the number 3,131
- C. Take the square root of the results of step B. That will produce the BSA in meters squared or BSA-m².

Interpreting the above matrix: Based on the BSA of the individual, the 22nd percentile is the minimum breast tissue per breast that should be removed in order to be potentially considered ‘medically necessary’ rather than ‘cosmetic’.

Addendum II:

CRITERIA FOR DISTINGUISHING TANNER STAGES 1 TO 5 DURING PUBERTAL MATURATION

TANNER STAGE	Age range (years)	BREAST Growth	PUBIC HAIR Growth	Other Changes
I	0–15	Pre-adolescent	None	Pre-adolescent
II	8–15	Breast budding (thelarche); areolar hyperplasia with small amount of breast tissue	Long downy pubic hair near the labia, often appearing with breast budding or several weeks or months later	Peak growth velocity often occurs soon after stage II
III	10–15	Further enlargement of breast tissue and areola; with no separation of their contours	Adult in type but not in distribution	Menarche occurs in 2% of girls late in stage III
IV	10–17	Separation of contours; areola and nipple form secondary mound above breast tissue	Adult in type but not in distribution	Menarche occurs in most girls in stage IV, 1–3 years after thelarche

V	12.5–18	Large breast with single contour	Adult in distribution	Menarche occurs in 10% of girls in stage V
		<i>From: ANNEX H, SEXUAL MATURITY RATING (TANNER STAGING) IN ADOLESCENTS; Copyright © 2010, World Health Organization. Source: Adapted from reference [218].</i>		

Patient Name: _____ Age/DOB: _____

Tanner Level: _____

Physician Name: _____

Physician Signature: _____