Medical Coverage Policy

Reduction Mammaplasty

☐ Device/Equipment ☐ Drug ☐ Medical ☒ Surgery ☐ Test ☐ Other

Effective Date:	12/1/2000	Policy Last Updated:	3/20/2012

☒ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☐ **Prospective review is not required.**

POLICY

Description:
Reduction mammaplasty involves the surgical excision of a substantial portion of the breast, including the skin and underlying glandular tissue. It may reduce the size, change the shape, and/or lift the breast tissue. Mammaplasty may be a unilateral or bilateral procedure. This policy addresses reduction mammaplasty for women.

Medical Criteria:

1. Reduction mammaplasty is considered medically necessary and not cosmetic when **one** of the following clinical indications and/or physical findings are present:

   Pain in upper back and shoulders resulting in documented work loss and/or interference with activities of daily living. The pain should not be associated with another diagnosis (e.g., arthritis); **AND** failure of pain to be relieved by a six-week course of conservative therapy, including an appropriate support bra, exercises, heat/cold treatment, and appropriate non-steroidal anti-inflammatory agents/muscle relaxants; **OR**

   Ulceration of skin or intractable intertrigo between breast and chest wall which has failed to respond to medical therapy.

2. The amount of breast tissue removed from each breast must be at least the minimum in grams per breast for the patient's body surface area according to the Schnur Sliding Scale (see below for body surface area/breast weight table).

   Body surface area calculator[1]: http://www.medcalc.com/body.html.

Schnur Sliding Scale:

Body Surface Area m^2 and Minimum for Breast Tissue Removal	
Body Surface Area m^2	**Grams per Breast of Minimum Breast Tissue to be Removed**
1.350-1.374	199
1.375-1.399	208
1.400-1.424	218
1.425-1.449	227
1.450-1.474	238
1.475-1.499	249
1.500-1.524	260
1.525-1.549	272
1.550-1.574	284
1.575-1.599	297
1.600-1.624	310
1.625-1.649	324
1.650-1.674	338
1.675-1.699	354
1.700-1.724	370
1.725-1.749	386
1.750-1.774	404
1.775-1.799	422
1.800-1.824	441
1.825-1.849	461
1.850-1.874	482
1.875-1.899	504
1.900-1.924	527
1.925-1.949	550
1.950-1.974	575
1.975-1.999	601
2.000-2.024	628
2.025-2.049	657
2.050-2.074	687
2.075-2.099	717
2.100-2.124	750
2.125-2.149	784
2.150-2.174	819
2.175-2.199	856
2.200-2.224	895
2.225-2.249	935
2.250-2.274	978
2.275-2.299	1022
2.300-2.324	1068
2.325-2.349	1117
2.350-2.374	1167

NOTE:

Clinical information that is submitted should reflect the following:

Patient's height and weight or body surface area;
Anticipated weight breast tissue to be removed;
The record should indicate that the size of the breast is causing the symptoms;
Documentation should be provided of attempted conservative therapy and its outcomes;
Photographs of front and lateral views are optional, though recommended.

and,

After surgery has been completed, the amount of tissue removed **must** be documented in the operative report.

Not medically necessary:

Breast reduction surgery is not medically necessary for women with poor posture, headaches, breast asymmetry, pendulousness, problems with clothes fitting, and nipple-areola distortion.

Surgery for purposes of symmetry:

When bilateral surgery is requested, the criteria apply to each breast. Mammaplasty is not a mastectomy and therefore, surgery in the contralateral breast is not reconstructive for purposes of symmetry. A mammaplasty may be performed for mastectomy related reconstructive purposes when the contralateral breast has had mastectomy surgery. The above criteria are not applicable when the mammaplasty is for restoration of symmetry post-mastectomy on the contralateral breast. (See policy "Breast Reconstruction and Applicable Mandates.")

Policy:

Reduction mammaplasty is a covered procedure when candidates meet the above criteria. **Prior authorization is required for BlueCHiP for Medicare members and recommended for all other lines of business.**

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary benefits/coverage.

Coding:
19318

Also Known As:
Mammaplasty

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Policy Update, July 2006
Provider Update, May 2008
Provider Update, July 2009
Provider Update, June 2010
Provider Update, June 2012

References:

American Society of Plastic Surgeons Recommended Insurance Coverage Criteria for Third-Party Payers Reduction Mammaplasty. Referenced on 4/1/10:
http://www.plasticsurgery.org/Documents/Medical_Profesionals/Recommended-Insurance-Coverage-Criteria.pdf.

Blue Cross and Blue Shield Association. Medical Policy Reference Manual Policy #7.01.21. Reduction mammaplasty. December 2003.

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[1]MedCalc: Body Surface Area, Body Mass Index (BMI). Accessed on 5/2/11: http://www.medcalc.com/body.html.

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