

Medical Coverage Policy | Reduction Mammoplasty



EFFECTIVE DATE: 07/01/2012

POLICY LAST UPDATED: 08/06/2013

OVERVIEW

This policy addresses breast reduction for the treatment of macromastia when clinical symptoms are present...

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

Preauthorization is required for BlueCHiP for Medicare and recommended for Commercial products.

BlueCHiP for Medicare and Commercial Products:

Reduction mammoplasty is covered when member meets the criteria: the criteria will apply to each breast for bilateral surgery.

Cosmetic surgery to reshape the breasts to improve appearance is not covered and contract exclusion.

For post-mastectomy breast reconstruction please reference the "Breast Reconstruction and Applicable Mandates" policy.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial products:

1. Reduction mammoplasty is considered medically necessary and not cosmetic for one of the following clinical indications and/or physical findings:
 - 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 pain was not relieved with 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!: <http://www.medcalc.com/body.html>.

Schnur Sliding Scale



Schnurr Scale
Table.pdf

Clinical information submitted should include 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.

BACKGROUND

In many instances, extremely large breasts (e.g. macromastia or breast hypertrophy) have been associated with the development of back, neck and shoulder pain; redness, burning, itching, skin disintegration and cracking; secondary infections, loss of feeling and weakness. Such symptoms have significant negative impact on the quality of life and may limit physical functioning. Reduction mammoplasty involves the surgical excision of a substantial portion of the breast, including the skin and underlying glandular tissue.

The medical literature supports breast reduction, based upon the measurement of body surface area (i.e., the Schnur scale). The Schnur Sliding Scale is an evaluation tool used to determine the appropriate amount of tissue to be removed compared to a patient's total body surface area (BSA). This can be instrumental in determining if breast reduction is being planned for a purely cosmetic reason or as a medically necessary procedure. In a survey of plastic surgeons, Schnur et al. (1991) concluded that women whose removed breast weight was less than the 5th percentile sought the procedure for cosmetic reasons and all women whose breast weight was greater than the 22nd percentile sought the procedure for medical reasons.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable surgery to treat functional deformity or impairment coverage.

CODING

The following CPT code is medically necessary and preauthorization is required for BlueCHiP for Medicare and recommended for Commercial products:

19318

RELATED POLICIES

None

PUBLISHED

Provider Update Nov 2013

Provider Update Jun 2012

Provider Update Jun 2010

Provider Update Jul 2009

Provider Update May 2008

REFERENCES

Blue Cross Blue Shield Association. Medical Policy Reference Manual. 7.01.21 Reduction Mammoplasty for Breast-Related Symptoms. Review with Literature Search 11:2012

Centers for Medicare and Medicaid. Local Coverage Determination (LCD): REDUCTION MAMMAPLASTY (L3243).

Schnur Sliding Scale (Schnur, et al., 1991)

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