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**Name of Policy:****Reduction Mammoplasty**

Policy #: 056  
Category: Surgery

Latest Review Date: November 2013  
Policy Grade: D

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**Background/Definitions:**

*As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.*

*The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:*

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

*Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:*

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

## **Description of Procedure or Service:**

Reduction mammoplasty (breast reduction) is a surgical excision of a substantial portion of breast tissue that includes the skin and underlying glandular tissue. Reduction mammoplasty may reduce the size, change the shape, and/or lift the breast tissue.

## **Policy:**

**Reduction mammoplasty meets** Blue Cross and Blue Shield of Alabama's medical criteria for coverage for women aged 18 or older or for adolescents whose breasts are fully developed; i.e., patient has maintained current height, weight, and breast size for 12 months, when:

- a **minimum of 500 grams** of breast tissue is to be removed from **each** breast; **OR**
- a **combined minimum total of 1000 grams** of breast tissue is to be removed from both breasts (**effective 10/01/2012**); **OR**
- a woman is of small stature (5 feet 3 inches and under), consideration will be given for removal of less than 500 grams of breast tissue from each breast using the Schnur Sliding Scale chart. Body surface area is calculated and then the Schnur Sliding Scale chart is used to determine the number of grams to be removed from each breast. (See <http://www-users.med.cornell.edu/~spon/picu/calc/bsacalc.htm> )

**And two or more** of the following medical indications are met:

- Pain in the upper back and shoulders resulting in documented treatment and interference with activities of daily living. This pain should be evaluated to determine that it is not associated with another diagnosis such as arthritis. The pain is not relieved by conservative therapy including an appropriate support bra, exercises, heat/cold treatments and appropriate non-steroidal anti-inflammatory agents/muscle relaxants.
- Dermatitis of skin of shoulder or shoulder grooving not responding to conservative treatment, including support bra.
- Intertrigo between the pendulous breast and the chest wall
- Sternal notch to nipple measurements of 26 cm or greater

To ensure the above criteria are met, the patient's medical records must contain frontal and lateral view photographs, patient's height and weight, amount of breast tissue removed documented by pathology report, documentation of the size and shape of the breast causing symptomology, and documentation of patient's symptomology for 6 months prior to procedure.

**Liposuction as a sole procedure for reduction mammoplasty does not meet** Blue Cross and Blue Shield of Alabama's medical criteria for coverage and is **non-covered**. Liposuction may be used as an adjunct procedure to the surgical procedure of reduction mammoplasty.

Reduction Mammoplasty performed post-mastectomy for cancer, on the contralateral breast to match the prosthesis size, is not required to meet the criteria for reduction mammoplasty.

*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administer benefits based on the*

*member's contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

### **Key Points:**

Female breast hypertrophy, or macromastia, is the development of abnormally large breasts in the female. This condition can cause significant clinical manifestations when the excessive breast weight adversely affects the supporting structures of the shoulders, neck and trunk. Macromastia is distinguished from large, normal breasts by the presence of persistent, painful symptoms and physical signs. The American Society of Plastic Surgeons states that macromastia causes significant clinical symptoms when the excessive breast weight adversely affects the supporting structures of the shoulders, neck and trunk. The condition can be improved and alleviated by reduction mammoplasty. The procedure is considered reconstructive in nature for this condition. This condition can be improved and the associated signs and symptoms can be alleviated by reduction mammoplasty surgery. Prior to undergoing surgery, it is recommended that the patient be within 20% of their ideal body weight. Antoniuk states this will facilitate the surgery, but also avoid medical complications associated with obesity. Hidalgo, et al states that liposuction is used mostly as an adjunct instead of a primary reduction modality. Liposuction is most commonly used to reduce prominence lateral to the anterior axillary line and to soften fullness over the pectoralis muscle near the axilla if this area is particularly prominent. Liposuction will continue to be considered investigational as a single procedure for reduction mammoplasty due to the limited scientific data that is published at this time.

### **Autologous Platelet Gel during Breast Surgery**

Anzarut et al (2007) reported on their assessment of the effectiveness of topical application of completely autologous platelet gel during breast surgery to reduce postoperative wound drainage. Tissue sealants are being used to reduce postoperative wound drainage and improve surgical outcomes. There are few randomized, double-blind, controlled trials assessing the efficacy of these agents. One-hundred eleven (111) patients were included in this within-patient, randomized, patient and assessor-blinded, controlled trial to assess the use of completely autologous platelet gel in bilateral reduction mammoplasty. Patients were randomized by applying the gel to either the left or right breast after hemostasis was achieved; the other breast received no treatment. The primary outcome was the difference in wound drainage over 24 hours. Secondary outcomes included subjective and objective assessments of pain and wound healing. Results revealed that there were no statistically significant differences in the drainage, level of pain, size of open areas, clinical appearance, degree of scar pliability, or scar erythema. The authors concluded that these results do not support the use of completely autologous platelet gel to improve outcomes after reduction mammoplasty.

### **Functional Impairment**

Singh and Losken, in 2012, reported on a systematic review of studies reporting outcomes after reduction mammoplasty. The reviewers found reduction mammoplasty improves functional outcomes including pain, breathing, sleep, and headaches. Additional psychological outcomes noted in the review include improvements in self-esteem, sexual function, and quality of life.

## **Complications**

Thibaudeau and colleagues, in 2010, conducted a systematic review to evaluate breastfeeding after reduction mammoplasty. After a review of literature from 1950 through December 2008, the authors concluded reduction mammoplasty does not reduce the ability to breastfeed. In women who have had reduction mammoplasty, breastfeeding was found to be comparable for the first month postpartum in the general population in North America.

In 2011, Chen and colleagues reported on a review of claims data to compare complication rates after breast surgery in 2,403 obese and 5,597 non-obese patients. Of these patients, breast reduction was performed in 1,939 (80.7%) in the study group and 3,569 (63.8%) in the control group. Obese patients had significantly more claims for complications within 30 days after breast reduction surgery than non-obese patients (14.6% vs. 1.7%, respectively,  $p < 0.001$ ).

Complications included inflammation, infection, pain, and seroma/hematoma development. Also in 2011, Shermak et al reported on a review of claims data to compare complication rates in relation to age after breast reduction surgery in 1,192 patients. Infection occurred more frequently in patients older than 50 years of age [odds ratio (OR): 2.7;  $p = 0.003$ ]. Additionally, women older than 50 years also experienced more wound healing problems (OR: 1.6;  $p = 0.09$ ) and reoperative wound debridement (OR: 5.1;  $p = 0.07$ ).

## **Key Words:**

Reduction mammoplasty, breast reduction, liposuction, reduction mammoplasty

## **Approved by Governing Bodies:**

Not applicable

## **Benefit Application:**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

FEP contracts: Special benefit consideration may apply. Refer to member's benefit plan.

Clay County Hospital - **Effective for services rendered on or after 7/1/05 in addition to the criteria listed in the policy above**, the patient must be within 10% of their ideal body weight as defined by the Metropolitan Life Height & Weight Tables in order for the mammoplasty to be considered medically necessary by this plan. [www.halls.md/ideal-weight/met.htm](http://www.halls.md/ideal-weight/met.htm)

## **Current Coding:**

CPT code:

**19318**                      Reduction mammoplasty

## **References:**

1. American Society of Plastic Surgeons. Evidence-based Clinical Practice Guideline: Reduction Mammoplasty. Available online at: [http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction\\_Mammoplasty\\_Evidence\\_Based\\_Guideline%20%282%29%282%29.pdf](http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction_Mammoplasty_Evidence_Based_Guideline%20%282%29%282%29.pdf).
2. Antoniuk, M.D., Pamela M. Breast augmentation and breast reduction, Obstetrics and Gynecology Clinics, March 2002, Vol. 29, No. 1.
3. Anzarut A, Guenther CR, Edwards DC and Tsuyuki RT. Completely autologous platelet gel in breast reduction surgery: A blinded, randomized, controlled trial. Plast Reconstr Surg, April 2007; 119(4): 1159-1166.
4. Chen CL, Shore AD, Johns R et al. The impact of obesity on breast surgery complications. Plast Reconstr Surg 2011; 128(5):395e-402e
5. Gray, L.N. Liposuction breast reduction, Aesth Plast Surg 1998; 22:159-162.
6. Gray, Lawrence N. Update on experience with liposuction breast reduction, Atlantic Plastic Surgery Center, September 2001, Vol. 8, No. 4, pp. 1006-1010.
7. Hidalgo, M.D., David A., Franklyn, M.D., Elliot L., et al. Current trends in breast reduction, Plast Reconstr Surg, September 1999, Vol. 104(3), pp. 806-815.
8. Matarasso, A. Suction mammoplasty: The use of suction lipectomy to reduce large breasts, Plast Reconstr Surg 2000; 105(7): 2604-7.
9. Schnur, Paul, et al. Reduction mammoplasty: Cosmetic or reconstructive procedure? Annals of Plastic Surgery, Vol. 27; 232-237, 1991.
10. Shermak MA, Chang D, Buretta K et al. Increasing age impairs outcomes in breast reduction surgery. Plast Reconstr Surg 2011; 128(6):1182-7.
11. Singh KA, Losken A. Additional benefits of reduction mammoplasty: a systematic review of the literature. Plast Reconstr Surg 2012; 129(3):562-70.
12. Thibaudeau S, Sinno H, Williams B. The effects of breast reduction on successful breastfeeding: a systematic review. J Plast Reconstr Aesthet Surg 2010; 63(10):1688-93

## **Policy History:**

Medical Policy Group, July 2002

Medical Policy Administration Committee, July 2002

Available for comment July 19-September 3, 2002

Medical Policy Administration Committee, October 2002

Available for comment October 29-December 12, 2002

Medical Policy Group, January 2004

Medical Policy Group, June 2005 (3)

Medical Policy Group, January 2006 (1)

Medical Policy Group, July 2007 (1)

Medical Policy Group, February 2009 (1)

Medical Policy Group, May 2010 (1)

Medical Policy Group, November 2011 (1) Update to Key Points; no change in policy statement

Medical Policy Group; October 2012 (1) Update to Policy, and Key Points related to addition of coverage criteria of combined minimum total of 1000 grams of breast tissue removed from both breasts

Medical Policy Administration Committee, October 2012

Available for comment October 24 through December 10, 2012

Medical Policy Group, July 2013 **(1)** Update to Key Points and References; no change in policy statement

Medical Policy Group, November 2013 **(1)** Policy reviewed with literature search, policy statement unchanged, no references added

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*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*

### The Schnur Sliding Scale Chart

<b>Body Surface Area (m<sup>2</sup>)</b>	<b><u>Average grams of tissue per breast to be removed</u></b>
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

$$\text{BSA (m}^2\text{)} = ([\text{height (in)} \times \text{weight (lb)}]/3131)^{1/2}$$

$$\text{BSA (m}^2\text{)} = ([\text{height (cm)} \times \text{weight (kg)}]/3600)^{1/2}$$