



Status

Active

Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-32

Effective Date: 09/24/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

REDUCTION MAMMOPLASTY

Description: Reduction mammoplasty, also known as breast reduction surgery, is a surgical procedure performed to reduce excess breast tissue.

Definitions: **Intertrigo:** Inflammation that occurs in warm, moist areas of the body where two skin surfaces rub or press against each other.

Brachial plexus: A network of nerves that conduct signals from the spine to the shoulder, arm, and hand.

- Policy:**
- I. Reduction mammoplasty may be considered **MEDICALLY NECESSARY** for patients 18 years of age and older who meet **ALL** of the following criteria:
 - A. At least a six (6) month history of **two (2) or more** of the following clinical symptoms related to the excess breast tissue;
 1. Shoulder, neck, or back pain that is not responsive to at least six (6) weeks of conservative therapy (e.g., appropriate support bra, exercises, heat/cold treatment, and appropriate non-steroidal anti-inflammatory agents (NSAIDS)/muscle relaxants);
 2. Recurrent or chronic intertrigo between the pendulous breast and the chest wall;
 3. Persistent shoulder grooving;
 4. Neurologic symptoms associated with brachial plexus pressure (e.g., numbness or tingling of the shoulder, arm, or hand).
 - AND**
 - B. The weight of breast tissue estimated to be removed must equal or exceed one of the following:
 1. 300 grams per breast or 600 grams from both breasts for women with height less than 5'2" or weight less than 120 lbs.
 2. 400 grams per breast or 800 grams from both breasts for women with height greater than or equal to 5'2" and weight

between 120 lbs. and 180 lbs.

3. 600 grams per breast or 1,200 grams from both breasts for women with height greater than or equal to 5'2" and weight greater than 180 lbs.

AND

- C. A preoperative mammogram that was negative for cancer during the year prior to surgery for women 40 years of age or older.

- II. Liposuction is considered **INVESTIGATIVE** as a primary (i.e., stand alone) surgical procedure for breast reduction.

Documentation Submission:

Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization. In addition, the following documentation must also be submitted:

1. Clinical notes describing:
 - a. Two or more clinical symptoms related to the excess breast tissue, including duration; and
 - b. Weight of breast tissue estimated to be removed; and
 - c. Patient's height and weight.
2. For women 40 years of age or older: a written report describing negative findings from a preoperative mammogram performed during the year prior to surgery.

Coverage:

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding:

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider

reimbursement.

CPT:

19318 Reduction mammoplasty

ICD-9 Procedure:

85.31 Unilateral reduction mammoplasty

85.32 Bilateral reduction mammoplasty

ICD-10 PCS

0HBT0ZZ Excision of Right Breast, Open Approach

0HBU0ZZ Excision of Left Breast, Open Approach

0HBV0ZZ Excision of Bilateral Breast, Open Approach

Policy History: **Developed May 9, 1988**

Most recent history:

Reviewed August 10, 2011

Revised August 8, 2012

Revised August 14, 2013

September 10, 2014

Cross Reference: Mastopexy, IV-33
Liposuction, IV-82

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