# MEDICAL POLICY

Excellus

| SUBJECT: REDUCTION MAMMAPLASTY | EFFECTIVE DATE: 09/16/99<br>REVISED DATE: 01/04/01, 05/23/02, 10/02/02, 12/11/03, 12/02/04, 02/23/06, 02/22/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13 |
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| POLICY NUMBER: 7.01.39<br>CATEGORY: Cosmetic | ARCHIVED DATE: 08/28/14<br>PAGE: 1 OF: 3 |

- ***If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.***
- ***Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.***
- ***Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.***

## POLICY STATEMENT:

I. Based upon our criteria and review of the peer-reviewed literature, reduction mammaplasty has been proven to be effective and therefore **medically necessary** when the criteria of statements A, B, and C below have been met:
   A. At least two of the following physical symptoms:
      1. Back, neck and/or shoulder pain;
      2. Breast pain;
      3. Paresthesias of the hands and/or arms;
      4. Permanent shoulder grooving; or
      5. Intertrigo;

   **AND**

   B. Macromastia/gigantomastia – defined as wearing a bra with a cup size greater than or equal to "D";

   **AND**

   C. An estimated tissue resection of at least 500 grams of tissue per breast or 1,000 grams bilaterally.

II. Based upon our criteria and review of the peer-reviewed literature, reduction mammaplasty is **not medically necessary** for patients with pendulousness, problems with the fitting of clothes, and nipple-areolar distortion.

III. Reduction mammaplasty in females under the age of 18 years is generally **not medically appropriate**, as maturation has not been completed. Maturation of the breasts is usually considered to be completed when the patient's bra size has not changed in the past three years.

IV. Reduction mammaplasty of the contralateral breast in a patient who has undergone a mastectomy or partial mastectomy (e.g., lumpectomy, segmentectomy, quadrantectomy) is considered **medically appropriate** per New York State law. *(Refer to the Description section for further information regarding the law.)*

*Refer to Corporate Medical Policy # 7.01.11 regarding Cosmetic and Reconstructive Procedures for breast procedures not included in specific Health Plan medical policies (e.g., Mastopexy).*

*Refer to Corporate Medical Policy # 7.01.19 regarding Management of Breast Implants.*

*Refer to Corporate Medical Policy # 10.01.01 regarding Breast Reconstruction Surgery.*

## POLICY GUIDELINES:

I. Resection of at least 500 grams of tissue per breast or 1,000 grams bilaterally, with associated symptoms, is the minimum amount of breast tissue necessary to be estimated for removal. Individual consideration for varying statures (e.g., small) will be based upon review by a Health Plan Medical Director utilizing the patient's medical record (including, but not limited to, the patient's height, weight, severity of symptoms, and/or photographs) in conjunction with the criteria stated in policy statements IA and IB.

   If the reduction mammaplasty is performed post-mastectomy on the contralateral breast to match the prosthesis size these requirements do not apply.

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II. Documentation of the patient's height, weight and the estimated amount of breast tissue to be removed must be included in the letter of medical necessity. In addition, photographs may be beneficial.

**DESCRIPTION:**

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, by the presence of persistent, painful physical signs and symptoms (e.g., shoulder grooving, intertrigo, neck and back pain, parasthesia). Symptoms associated with macromastia may be relieved by reduction mammaplasty surgery.

A reduction mammaplasty, also known as reduction mammoplasty or breast reduction, is the surgical excision of a substantial portion of the breast, including the skin and underlying glandular tissue. The reduction mammaplasty reduces the size, changes the shape, and/or lifts the tissue of the breast.

Various techniques may be utilized in order to perform reduction mammaplasty. The appropriate surgical approach should be determined by the physician and patient in accordance with the patient's clinical situation.

New York State Insurance Law mandates coverage under all contracts that provide medical, major medical, or similar comprehensive-type coverage for:

I. All stages of breast reconstruction of the breast on which the mastectomy or partial mastectomy, has been performed; and
II. Surgery and reconstruction of the other breast to produce a symmetrical appearance.

**RATIONALE:**

Reduction mammaplasty is a surgical procedure and is not subject to regulatory approval.

Reduction mammoplasty is generally performed to relieve symptoms related to the heaviness and the size of the breasts. Studies have shown that a significant number of women undergoing bilateral breast reduction experience postoperative improvement of chronic neck, back, and shoulder pain. Additional benefits include increased participation in exercise programs, as well as other physical and social activities.

**CODES:** Number Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:** 19318 Reduction mammaplasty

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**HCPCS:** No code(s)

**ICD9:** 611.1 Hypertrophy of breast

**ICD10:** N62 Hypertrophy of breast

**REFERENCES:**

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American Society of Plastic Surgeons. Evidence-based clinical practice guideline: reduction mammaplasty. [http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction_Mammaplasty_Evidence_Based_Guideline%20%282%29%282%29.pdf] accessed 7/24/14.

*BlueCross BlueShield Association. Reduction mammoplasty for breast-related symptoms. Medical Policy Reference Manual Policy #7.01.21. 2013 Nov 14.

*Iverson RE, et al. Practice advisory on liposuction. Plast Reconstr Surg 2004 Apr 15;113(5):1478-90; discussion 1491-5.

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**KEY WORDS:**

Breast reduction, Mammaplasty, Mammoplasty, Reduction mammaplasty, Reduction mammoplasty.

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination addressing Reduction Mammaplasty. Please refer to the following website for Medicare members: http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34186&ContrId=182&ver=10&ContrVer=1&Cntrctr=182&name=National+Government+Services%2c+Inc.+(13282%2c+MAC+-+Part+B)&DocType=Active&CntrctrSelected=182*1&LCntrctr=54*1%7c55*1%7c56*1%7c52*1%7c53*1%7c51*1%7c57*1%7c63*1%7c89*1%7c64*1%7c65*1%7c192*1%7c1*1%7c2*1%7c178*1%7c180*1%7c179*1%7c181*1%7c182*1%7c183*1%7c138*1&bc=AgIAAAAAAAAAAA%3d%3d&.