



MASSACHUSETTS

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Medical Policy

Reduction Mammoplasty for Breast-Related Symptoms

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Policy Number: 703

BCBSA Reference Number: 7.01.21 (For Plan internal use only)

Related Policies

Surgical Treatment of Gynecomastia, [#661](#)

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Reduction mammoplasty may be considered **MEDICALLY NECESSARY** for the treatment of macromastia when the following well-documented clinical symptoms are present **AND** if a member is under age 18, the following age criteria must also be met:

Age Criteria:

- Documented tanner stage IV or V for members aged 15-18, **AND**
- Stable height measurements for 6 months, **OR**
- Puberty completion as shown on wrist radiograph.

Clinical Symptoms:

- Documentation of a minimum 6-week history of shoulder, neck, or back pain related to macromastia that is not responsive to conservative therapy, such as an appropriate support bra, exercises, heat/cold treatment, and appropriate nonsteroidal anti-inflammatory agents/muscle relaxants. This includes documentation of the presence of shoulder grooving, an indication that the breast weight results in grooving of the bra straps on the shoulder, **OR**
- Recurrent or chronic intertrigo between the pendulous breast and the chest wall that is resistant to topical treatment.

Individuals meeting the above criteria should have either a minimum of 350g per breast removed **OR** the surgeon should follow the below Schnur sliding scale, which suggests a minimum amount of breast tissue removed based on a patient's body surface area if the planned weight to be resected from each breast falls below 350g.

Body Surface Area (m²)* and Weight of Breast Tissue Removed [per breast]

Body Surface Area (m ²)	Minimum Grams of Breast Tissue to be Removed
1.35	199
1.40	218
1.45	238
1.50	260
1.55	284
1.60	310
1.65	338
1.69	349

*Calculation of Body Surface Area (BSA)

- Mosteller formula: Body surface area = the square root of height (cm) multiplied by weight (kg) divided by 3,600.
- To convert pounds to kilograms, multiply pounds by 0.45
- To convert inches to meters, multiply inches by 0.0254

Click the hyperlink for an online BSA calculator:

<https://reference.medscape.com/calculator/28/bmi-and-bsa-mosteller>

Note: The scale above is taken from the Schnur Sliding Scale and shows the BSA and associated grams of breast tissue to be removed to meet the 22nd percentile where women are likely to have a reduction mammoplasty primarily for medical reasons.

Repeat reduction mammoplasty may be considered **MEDICALLY NECESSARY** if

- there are complications resulting from the initial surgery, **OR**
- the member meets the same criteria for reduction mammoplasty that were required for the original surgery's approval including the following:
 - BMI must be less than 35, **AND**
 - No evidence of Body Dysmorphic Disorder.

Reduction mammoplasty is considered **INVESTIGATIONAL** for all other indications not meeting the above criteria.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial	Prior authorization is required .

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the service request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
19318	Breast reduction

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0HBT0ZZ	Excision of Right Breast, Open Approach
0HBT3ZZ	Excision of Right Breast, Percutaneous Approach
0HBU0ZZ	Excision of Left Breast, Open Approach
0HBU3ZZ	Excision of Left Breast, Percutaneous Approach
0HBV0ZZ	Excision of Bilateral Breast, Open Approach
0HBV3ZZ	Excision of Bilateral Breast, Percutaneous Approach

Description

Macromastia

Macromastia, or gigantomastia, is a condition that describes breast hyperplasia or hypertrophy. Macromastia may result in clinical symptoms such as shoulder, neck, or back pain, or recurrent intertrigo in the mammary folds. Also, macromastia may be associated with psychosocial or emotional disturbances related to the large breast size.

Treatment

Reduction mammoplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or to relieve the associated clinical symptoms.

While literature searches have identified many articles that discuss the surgical technique of reduction mammoplasty and have documented that reduction mammoplasty is associated with relief of physical and psychosocial symptoms,^{1,2,3,4,5,6,7,8,9} an important issue is whether reduction mammoplasty is a functional need or cosmetic. For some patients, the presence of medical indications is clear-cut: clear documentation of recurrent intertrigo or ulceration secondary to shoulder grooving. For some patients, the documentation differentiating between a cosmetic and a medically necessary procedure will

be unclear. Criteria for medically necessary reduction mammoplasty are not well-addressed in the published medical literature.

Some protocols on the medical necessity of reduction mammoplasty are based on the weight of removed breast tissue. The basis of weight criteria is not related to the outcomes of surgery, but to surgeons retrospectively classifying cases as cosmetic or medically necessary. Schnur et al. (1991) at the request of third-party payers, developed a sliding scale.¹⁰ This scale was based on survey responses from 92 of 200 solicited plastic surgeons, who reported the height, weight, and amount of breast tissue removed from each breast from the last 15 to 20 reduction mammoplasties they had performed. Surgeons were also asked if the procedures were performed for cosmetic or medically necessary reasons. The data were then used to create a chart relating the body surface area, and the cutoff weight of breast tissue removed that differentiated cosmetic and medically necessary procedures. Based on their estimates, those with a breast tissue removed weight above the 22nd percentile likely had the procedure for medical reasons, while those below the 5th percentile likely had the procedure performed for cosmetic reasons; those falling between the cutpoints had the procedure performed for mixed reasons.

Schnur (1999) reviewed the use of the sliding scale as a coverage criterion and reported that, while many payers had adopted it, many had also misused it.¹¹ Schnur pointed out that if a payer used weight of resected tissue as a coverage criterion, then if the weight fell below the 5th percentile, the reduction mammoplasty would be considered cosmetic; if above the 22nd percentile, it would be considered medically necessary; and if between these cutpoints, it would be considered on a case-by-case basis. Schnur also questioned the frequent requirement that a woman is within 20% of her ideal body weight. While weight loss might relieve symptoms, durable weight loss is notoriously difficult and might be unrealistic in many cases.

Summary

Description

Macromastia, or gigantomastia, is a condition that describes breast hyperplasia or hypertrophy. Macromastia may result in clinical symptoms such as shoulder, neck, or back pain, or recurrent intertrigo in the mammary folds. In addition, macromastia may be associated with psychosocial or emotional disturbances related to the large breast size. Reduction mammoplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or to relieve the associated clinical symptoms.

Summary of Evidence

For individuals who have symptomatic macromastia who receive reduction mammoplasty, the evidence includes systematic reviews, randomized controlled trials, cohort studies, and case series. Relevant outcomes are symptoms and functional outcomes. Studies have indicated that reduction mammoplasty is effective at decreasing breast-related symptoms such as pain and discomfort. There is also evidence that functional limitations related to breast hypertrophy are improved after reduction mammoplasty. These outcomes are achieved with acceptable complication rates. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
9/2023	Policy clarified to include prior authorization requests using Authorization Manager.
4/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2022	Prior authorization information clarified for PPO plans. Effective 6/1/2022.
3/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
12/2021	Policy clarified. New medically necessary indications described for repeat reduction mammoplasty.

10/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
3/2021	Policy criteria on the minimum amount of breast tissue removal was revised from 500 grams to 350 grams. Effective 3/1/2021.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
4/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2020	Investigational statements on repeat reduction mammoplasty clarified.
11/2019	Policy clarified to indicate that repeat reduction mammoplasty is investigational.
4/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2018	Reference list updated. Policy statements unchanged.
3/2017	Annual policy review. New references added.
7/2016	Medically necessary statement clarified.
3/2016	Annual policy review. New references added.
11/2015	Age minimum for breast reduction revised from 18 to 15 years old. Medically necessary guidelines revised to include evidence that puberty is complete for breast augmentation. Clarified coding information. Effective 11/1/2015.
1/2015	Annual policy review. Investigational language clarified. Effective 1/1/2015.
11/2014	Language transferred from medical policy #068, Plastic Surgery.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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Endnotes

¹ Based on expert opinion