



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent
Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Reduction Mammoplasty for Breast-Related Symptoms

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Endnotes](#)

Policy Number: 703

BCBSA Reference Number: 7.01.21

NCD/LCD: Local Coverage Determination (LCD): Reduction Mammoplasty (L35001)

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.

Patients meeting the above criteria should have either a minimum of 500g 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 500g.

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
1.70	370
1.75	404
1.80	441
1.85	482
1.90	527

*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: <http://www.medcalc.com/body.html>

Please use the Mosteller formula option with the above tool (available after data is entered).

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.

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

Repeat reduction mammoplasty is considered **NOT MEDICALLY NECESSARY** unless there are complications resulting from the initial surgery. Providers should plan on removing enough breast tissue during the initial surgery to alleviate patient symptoms.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link below.

[Local Coverage Determinations \(LCDs\) for National Government Services, Inc.](#)

Local Coverage Determination (LCD): Reduction Mammoplasty (L35001)

Note: To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website at <https://www.cms.gov> for information regarding your specific jurisdiction.

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 PPO and Indemnity	Prior authorization is not required .
Medicare HMO Blue SM	Prior authorization is required .
Medicare PPO Blue SM	Prior authorization is not required .

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	Reduction mammoplasty

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 a 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

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.

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 a meaningful improvement in the net health outcome.

Policy History

Date	Action
4/2020	BCBSA National medical 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	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.

4/2018	Reference list updated. Policy statements unchanged.
3/2017	New references added from BCBSA National medical policy.
7/2016	Medically necessary statement clarified.
3/2016	New references added from BCBSA National medical policy.
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	BCBSA National medical 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

1. Dabbah A, Lehman JA, Jr., Parker MG, et al. Reduction mammoplasty: an outcome analysis. *Ann Plast Surg.* Oct 1995;35(4):337-341. PMID 8585673
2. Schnur PL, Schnur DP, Petty PM, et al. Reduction mammoplasty: an outcome study. *Plast Reconstr Surg.* Sep 1997;100(4):875-883. PMID 9290655
3. Hidalgo DA, Elliot LF, Palumbo S, et al. Current trends in breast reduction. *Plast Reconstr Surg.* Sep 1999;104(3):806-815; quiz 816; discussion 817-808. PMID 10456536
4. Glatt BS, Sarwer DB, O'Hara DE, et al. A retrospective study of changes in physical symptoms and body image after reduction mammoplasty. *Plast Reconstr Surg.* Jan 1999;103(1):76-82; discussion 83-75. PMID 9915166
5. Collins ED, Kerrigan CL, Kim M, et al. The effectiveness of surgical and nonsurgical interventions in relieving the symptoms of macromastia. *Plast Reconstr Surg.* Apr 15 2002;109(5):1556-1566. PMID 11932597
6. Iwuagwu OC, Walker LG, Stanley PW, et al. Randomized clinical trial examining psychosocial and quality of life benefits of bilateral breast reduction surgery. *Br J Surg.* Mar 2006;93(3):291-294. PMID 16363021
7. Sabino Neto M, Dematte MF, Freire M, et al. Self-esteem and functional capacity outcomes following reduction mammoplasty. *Aesthet Surg J.* Jul-Aug 2008;28(4):417-420. PMID 19083555
8. Iwuagwu OC, Platt AJ, Stanley PW, et al. Does reduction mammoplasty improve lung function test in women with macromastia? Results of a randomized controlled trial. *Plast Reconstr Surg.* Jul 2006;118(1):1-6; discussion 7. PMID 16816661
9. Saarniemi KM, Keranen UH, Salminen-Peltola PK, et al. Reduction mammoplasty is effective treatment according to two quality of life instruments. A prospective randomised clinical trial. *J Plast Reconstr Aesthet Surg.* Dec 2008;61(12):1472-1478. PMID 17983882
10. Schnur PL, Hoehn JG, Ilstrup DM, et al. Reduction mammoplasty: cosmetic or reconstructive procedure? *Ann Plast Surg.* Sep 1991;27(3):232-237. PMID 1952749
11. Schnur PL. Reduction mammoplasty-the schnur sliding scale revisited. *Ann Plast Surg.* Jan 1999;42(1):107-108. PMID 9972729
12. Singh KA, Losken A. Additional benefits of reduction mammoplasty: a systematic review of the literature. *Plast Reconstr Surg.* Mar 2012;129(3):562-570. PMID 22090252
13. Hernanz F, Fidalgo M, Munoz P, et al. Impact of reduction mammoplasty on the quality of life of obese patients suffering from symptomatic macromastia: A descriptive cohort study. *J Plast Reconstr Aesthet Surg.* Aug 2016;69(8):e168-173. PMID 27344408
14. Kerrigan CL, Collins ED, Kim HM, et al. Reduction mammoplasty: defining medical necessity. *Med Decis Making.* May-Jun 2002;22(3):208-217. PMID 12058778

15. Thibaudeau S, Sinno H, Williams B. The effects of breast reduction on successful breastfeeding: a systematic review. *J Plast Reconstr Aesthet Surg*. Oct 2010;63(10):1688-1693. PMID 19692299
16. Chen CL, Shore AD, Johns R, et al. The impact of obesity on breast surgery complications. *Plast Reconstr Surg*. Nov 2011;128(5):395e-402e. PMID 21666541
17. Shermak MA, Chang D, Burette K, et al. Increasing age impairs outcomes in breast reduction surgery. *Plast Reconstr Surg*. Dec 2011;128(6):1182-1187. PMID 22094737
18. Gust MJ, Smetona JT, Persing JS, et al. The impact of body mass index on reduction mammoplasty: a multicenter analysis of 2492 patients. *Aesthet Surg J*. Nov 01 2013;33(8):1140-1147. PMID 24214951
19. Nelson JA, Fischer JP, Chung CU, et al. Obesity and early complications following reduction mammoplasty: An analysis of 4545 patients from the 2005-2011 NSQIP datasets. *J Plast Surg Hand Surg*. Oct 2014;48(5):334-339. PMID 24506446
20. American Society of Plastic Surgeons. Reduction Mammoplasty: ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. 2011; http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Reduction_Mammoplasty_Coverage_Criteria.pdf. Accessed January 19, 2020.
21. Kalliainen LK, ASPS Health Policy Committee. ASPS clinical practice guideline summary on reduction mammoplasty. *Plast Reconstr Surg*. Oct 2012;130(4):785-789. PMID 23018692

Endnotes

¹ Based on MPRM No. 7.01.21 and expert opinion