



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

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

### Related Policies

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

### Policy<sup>1</sup>

#### 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 (m<sup>2</sup>)\* and Weight of Breast Tissue Removed [per breast]

Body Surface Area (m <sup>2</sup> )	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 22<sup>nd</sup> 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.

### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> 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 <b>required</b> .
Commercial PPO and Indemnity	Prior authorization is <b>not required</b> .
Medicare HMO Blue <sup>SM</sup>	Prior authorization is <b>required</b> .
Medicare PPO Blue <sup>SM</sup>	Prior authorization is <b>not required</b> .

## 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,<sup>1,2,3,4,5,6,7,8,9</sup> 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.<sup>10</sup> 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.<sup>11</sup> 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
4/2019	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.

## 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

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<sup>1</sup> Based on MPRM No. 7.01.21 and expert opinion