

REDUCTION MAMMOPLASTY

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I. POLICY STATEMENT

A. Reduction Mammoplasty

Some employer groups cover reduction mammoplasty under regular medical benefits. Surgery must be pre-authorized and reviewed for medical necessity per guidelines in this policy. If approved, services will be covered at the percentage of MAF (Maximum Allowable Fee) after deductible as outlined in the Benefit Summary for applicable groups.

Coverage for reduction mammoplasty is dependent on benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit, and may be governed by state and/or federal mandates (see specific group benefits).

1. PEHP covers breast reduction surgery on the nondiseased/contralateral breast when performed to produce a symmetrical appearance following a mastectomy or lumpectomy for breast cancer.
2. PEHP covers reduction mammoplasty for symptomatic macromastia as medically necessary when ALL of the following criteria have been met:
 - a. The individual is at least 18 years of age or breast growth is complete.
 - b. Macromastia is causing at least ONE of the following conditions/symptoms:
 - shoulder, upper back/neck pain, and/or ulnar nerve palsy for which no other etiology has been found on appropriate evaluation with documented failure of at least one continuous three-month trial of appropriate medical management, *or*
 - intertrigo, dermatitis, eczema, or hidradenitis at the inframammary fold with documented failure of at least one continuous three-month trial of appropriate medical management
 - c. The potential causes of the above conditions/symptoms, other than breast size (e.g., intervertebral disc disorder, arthritis and rheumatologic disorders) have been evaluated and ruled out OR breast size has been documented as exacerbating the underlying condition (e.g., intervertebral disc disorder, arthritis and rheumatologic disorders) contributing to symptoms.
 - d. Average weight of tissue planned to be removed in each breast is above the 22nd percentile on the Schnur Sliding Scale (see below) based on the individual's body surface area (BSA).

SCHNUR SLIDING SCALE
Body Surface Area and Cutoff Weight of Breast Tissue Removed

Breast Reduction (gm)		
Body Surface Area (m ²)	Lower 5%	Lower 22%
1.35	127	199
1.40	139	218
1.45	152	238
1.50	166	260

1.55	181	284
1.60	198	310
1.65	216	338
1.70	236	370
1.75	258	404
1.80	282	441
1.85	308	482
1.90	336	527
1.95	367	575
2.00	401	628
2.05	439	687
2.10	479	750
2.15	523	819
2.20	572	895
2.25	625	978
2.30	682	1068
2.35	745	1167
2.40	814	1275
2.45	890	1393
2.50	972	1522
2.55	1062	1662

Schnur Sliding Scale (Schnur, et al., 1991)

- e. PEHP does not cover reduction mammoplasty for either of the following indications because it is considered cosmetic in nature and not medically necessary:
 - Surgery is being performed to treat psychological symptomatology or psychosocial complaints, in the absence of significant physical, objective signs.
 - Surgery is being performed for the sole purpose of improving appearance.
- f. PEHP does not cover suction lipectomy or ultrasonically-assisted suction lipectomy (liposuction) as a sole method of treatment for symptomatic macromastia because such treatment is considered unproven in the treatment of symptomatic macromastia.

II. CODES

CPT codes covered if selection criteria are met:

19318 Reduction mammoplasty

CPT codes not covered for indications listed in policy

15877 Suction assisted lipectomy; trunk

Other CPT codes related to the policy:

19301 Mastectomy, partial

19316 Mastopexy

III. REFERENCES

Cigna, Breast Reduction, 8/15/23

Aetna, Breast Reduction Surgery and Gynecomastia Surgery, 3/6/23

Humana, Reduction Mammoplasty, 7/27/23

HealthNet, Reduction Mammoplasty and Gynecomastia Surgery, 7/2023

United Healthcare, Breast Reduction Surgery, 10/1/23