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Developed By: Medical Criteria Committee	

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Approved: Csaba Mera, MD

Date: 02/17/09

Description:

A breast reduction, or reduction mammoplasty, is a surgical excision of a substantial portion of the breast including the skin and underlying glandular tissue, that reduces the size, changes the shape and/or lifts the breast tissue. Reduction mammoplasty may be approved on an individual basis when medical necessity has been established. Reduction mammoplasty for cosmetic reasons is not a covered benefit.

A reduction mammoplasty that is part of a reconstructive procedure related to breast cancer is not considered in this policy. See Breast Reconstruction.

Criteria:

Reduction mammoplasty will be covered to plan limitations when **all** of the following criteria are met:

1. The patient must be fully grown and/or Tanner stage V of Tanner staging of sexual maturity
AND
2. Pain
 - a. Shoulder, neck or back pain for at least two month's duration and increasing intensity over that time period; and
 - b. The pain may not be associated with another diagnosis, e.g. arthritis.**AND**
3. One or more of the following criteria must be met:
 - a. Shoulder grooving from bra straps; or
 - b. Intertrigo between the pendulous breast and the chest wall that has not responded to dermatological treatment; or
 - c. Related numbness or weakness in the hands/lower arms.

AND

4. The amount of breast tissue removed from each breast must be either:
 - a. Minimum of 600 grams; or
 - b. If less than 600 grams, the tissue removed must be equal to or greater than the 22% for Body Surface Area (BSA). (See below for body surface area/breast weight table).

Limitations:

1. ODS does not cover surgical mastectomy, breast reduction, or liposuction for gynecomastia, either unilateral or bilateral. This is considered cosmetic. Medical therapy should be aimed at correcting any underlying reversible causes (e.g., discontinuation of causative medication).
2. ODS does not cover suction lipectomy/liposuction as a surgical alternative to reduction mammoplasty for members who meet the above criteria. This treatment is typically considered cosmetic and is unproven in the treatment of symptomatic macromastia.

Information to be Submitted with Pre-Authorization Request:

1. History and physical including:
 - Patient's height, weight and approximate quantity (grams) of tissue to be removed from each breast.
 - Tanner staging of sexual maturity (if adolescent)

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Applicable CPT/HCPC:

Note: This list may not be all-inclusive

19318:	Reduction mammaplasty
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CPT/HCPC Not Covered:

15877	Suction assisted lipectomy; trunk
19300:	Mastectomy for gynecomastia

References:

- Glatt B, Sarwer D, O'Hara D et al. A Retrospective Study of Changes in Physical Symptoms and Body Image after Reduction Mammoplasty. From the University of Pennsylvania School of Medicine, Department of Surgery, Division of Plastic Surgery, Department of Psychiatry, and the Edwin and Fannie Gray Hall Center for Human Appearance. 1998.
- Medicare Guidelines for Breast Reduction, Washington November 1996 Newsletter
- Milliman & Robertson. Healthcare Management Guidelines. Inpatient and Surgical Care, 1999
- Schnur, P. Reduction Mammoplasty: Cosmetic or Reconstructive Procedure? Ann Plast Surg. 1991;27:232-237.
- Collins E, Kerrigan, C et al. The Effectiveness of Surgical and Nonsurgical Interventions in Relieving the Symptoms of Macromastia. From the Department of Surgery, Section of Plastic Surgery, Dartmouth-Hitchcock Medical Center. April 2, 2001.
- ASPS Recommended Insurance Coverage Criteria for Third-Party Payers-Reduction Mammoplasty. American Society of Plastic Surgeons. March 9, 2002
- Physician advisors

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Body Surface Area m ² and Cutoff Weight of Breast Tissue Removed	
Body Surface Area m ²	22 nd Percentile Minimum Breast Tissue to be Removed in Grams Per Breast
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
1.95	575
2.00	600

Body Surface Area (BSA-m2) is calculated using the following formula:

- A. Multiply the Height (inches) by the weight (pounds)
- B. Divide the result of Step A by the number 3,131
- C. Take the square root of the results of step B. That will produce the BSA in meters squared or BSA—m2.

Interpreting the above matrix:

Based on the BSA of the individual, the 22nd percentile is the minimum breast tissue per breast that should be removed in order to be potentially considered 'medically necessary' rather than 'cosmetic'.

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**CRITERIA FOR DISTINGUISHING TANNER STAGES 1 TO 5 DURING
 PUBERTAL MATURATION**

TANNER STAGE	BREAST	PUBIC HAIR
1 (Prepubertal)	No palpable glandular tissue or Pigmentation of areola; elevation of areola only	No pubic hair; short, fine vellous hair only
2	Glandular tissue palpable with elevation of breast and areola together as a small mound; areola diameter increased	Sparse, long pigmented terminal hair chiefly along the labia majora
3	Further enlargement without separation of breast and areola; although more darkly pigmented, areola still pale and immature; nipple generally at or above midplane of breast tissue when individual is seated upright	Dark, coarse, curly hair, extending sparsely over mons
4	Secondary mound of areola and papilla above breast	Adult-type hair, abundant but limited to mons and labia
5 (Adult)	Recession of areola to contour of breast; development of Montgomery's glands and ducts on the areola; further pigmentation of areola; nipple generally below midplane of breast tissue when individual is seated upright; maturation independent of breast size	Adult-type hair in quantity and distribution; spread to inner aspects of the thighs in most racial groups

Data from Ross GT: Disorders of the ovary and female reproductive tract. In Wilson JD, Foster DS (eds): Textbook of Endocrinology, 7th ed. Philadelphia, WB Saunders, 1985, p 206; Speroff L, Glass RH, Kase N; Clinical Gynecologic Endocrinology and Infertility, 3rd ed, Baltimore, Williams & Wilkins, 1983, p 377; and Kustin J, Rebar RW: Menstrual disorders in the adolescent age group, Primary Care 14:139, 1987.

Patient Name: _____ Age/DOB: _____

Tanner Level: _____

Physician Name: _____

Physician Signature: _____