



Breast Reduction Mammoplasty

POLICY NUMBER	LAST REVIEW
MG.MM.SU.01fc4	April 11, 2025

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The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

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Definitions

Cosmetic surgery	Performed to reshape normal structures of the body to improve the patient's appearance and self-esteem.
Mastopexy	Plastic surgery to move sagging breasts into a more elevated position. It involves the repositioning of the nipple and areola and is sometimes performed in conjunction with implant insertion.
Reconstructive surgery	Performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection tumors or disease. It is generally performed to improve function but may also be done to approximate a normal appearance (e.g., following a mastectomy for breast cancer).

Related Medical Guidelines

Cosmetic and Reconstructive Surgery Procedures

Gender Affirming Surgery

Guideline

Members are eligible for breast reduction mammoplasty.

For Plan consideration, breast photographs must be submitted for review; these must include unobstructed frontal and lateral views, shoulder to waist.

For women ≥ 40 , or younger if there is a positive family history (first degree relatives only) of breast cancer, documentation must also include a mammogram negative for cancer within the last 2 years of the scheduled surgery date.

Reduction mammoplasty is approved for the achievement of symmetry of the non-cancerous breast to the reconstructed breast after breast cancer surgery, regardless of the size of the unaffected breast. (Note: In certain women with macromastia and/or breast ptosis that are planned for nipple sparing mastectomy for a genetic mutation [such as BRCA1 or 2, etc.] and/or an elevated risk of breast cancer, it is medically necessary to perform a preparatory mastopexy or reduction mammoplasty prior to the mastectomy)

All of the following criteria must be met:

1. Age ≥ 18 and completed pubertal and skeletal development
2. Presence of clinically significant and persistent symptoms that have caused functional impairment for ≥ 1 year

Symptoms and objective findings must be documented by the physician in the progress notes as directly related to macromastia and include **any** of the following:

- History of severe intertriginous dermatitis unresponsive to medical management
 - Presence of thoracic or cervical pain syndrome (e.g., upper back, neck, or shoulder pain [excluding lower back pain]), that is not related to causes other than excessive breast weight. The syndrome should be unresponsive to conservative treatment, including both analgesia and nonsteroidal anti-inflammatory medications
 - Presence of ulnar nerve compression with documented paresthesia secondary to coracoid process descent
 - Presence of dorsal kyphosis or compensatory lordosis documented by X-rays
3. The minimum amount of breast tissue to be removed must be proportional to the body surface area (BSA)* per the Schnur scale in the table below with the estimate provided at time of pre-service review.

BSA	Grams of tissue to be removed per breast	BSA	Grams of tissue to be removed per breast
1.40–1.50	218–260	1.91–2.00	528–628
1.51–1.60	261–310	2.01–2.10	629–750
1.61–1.70	311–370	2.11–2.20	751–895
1.71–1.80	371–441	2.21–2.30	896–1068
1.81–1.90	442–527	2.31–2.40	1069–1275

* BSA (m2) = ((height (cm) x weight (kg))/ 3600)^½; BSA calculator may be found at <http://www.calculatorpro.com/body-surface-area-calculator>

Limitations/Exclusions

- Breast reduction mammoplasty is not medically appropriate for any of the following:
 - Claims of inability to exercise
 - Fibrocystic disease
 - Improperly fitting clothing
 - Psychological or social reasons
 - Any other solely cosmetic reason to improve appearance (e.g., breast asymmetry for a member who does not meet the above criteria)
- Mastopexy is covered when associated with a reconstructive procedure

Procedure Codes

19316	Mastopexy
19318	Breast mammoplasty

ICD-10 Diagnoses

N62	Hypertrophy of breast
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References

- American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third Party Payers: Reduction Mammoplasty. March 2021. <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>. Accessed April 22, 2024.
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- Schnur PL, Hoehn JG, Ilstrup DM, et al. Reduction mammoplasty: cosmetic or reconstructive procedure? *Ann Plast Surg*. 1991;27:232-237.
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- Specialty-matched clinical peer review.

Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	Mar. 27, 2024	Added note RE the medical necessity of preparatory mastopexy or reduction mammoplasty prior to the mastectomy
EmblemHealth ConnectiCare	Feb. 9, 2024	RE intertriginous dermatitis, replaced “Presence” of with “History”, and removed language pertaining to photos
ConnectiCare	Jul. 15, 2021	Retired MCG criteria for this service Adopted the clinical criteria of parent corporation EmblemHealth
EmblemHealth	Jul. 9, 2021	Amended Schnur scale note by adding that the “minimum” amount of breast tissue to be removed must be proportional to the body surface area (BSA)