



## MEDICAL COVERAGE POLICY

**SERVICE: Breast Reduction Surgery**

**Policy Number: 209**

**Effective Date: 07/01/2023**

**Last Review: 05/25/2023**

**Next Review Date: 05/25/2024**

### Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

### SERVICE: Breast Reduction Surgery

**PRIOR AUTHORIZATION: Required.**

**POLICY:** Plans may exclude coverage for this therapy. Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details.

**For Medicare plans,** please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

**For Medicaid plans,** please confirm coverage as outlined in the Texas Medicaid TMPPM.

BSWHP may consider breast reduction surgery medically necessary for non-cosmetic indications for women aged 18 or older or for whom growth is complete (i.e., breast size stable over one year) in the presence of significantly enlarged breasts and the presence of at least **TWO** of the following signs and/or symptoms:

- Back pain from macromastia, unrelieved by:
  - ✓ Conservative analgesia.
  - ✓ Supportive measures (garment, etc.).
  - ✓ Physical therapy.
- Significant arthritic changes in the cervical or upper thoracic spine, with persistent symptoms despite optimal management and/or restriction of activity.
- Intertriginous maceration or infection of the inframammary skin refractory to dermatologic treatment measures.
- Shoulder grooving with skin irritation by supporting garment (bra strap).

**AND,** where documentation in the medical record supports the following:

- The signs and/or symptoms have been present for at least six months.
- Medical treatment and/or physical interventions have not adequately alleviated symptoms.
- The patient is documented to have been abstinent from smoking for at least six months OR to have a negative cotinine test result within the month prior to surgery.
- The patient's BMI is <40.

### Exclusions:

## MEDICAL COVERAGE POLICY

**SERVICE: Breast Reduction Surgery**

**Policy Number: 209**

**Effective Date: 07/01/2023**

**Last Review: 05/25/2023**

**Next Review Date: 05/25/2024**

Suction lipectomy or ultrasonically-assisted suction lipectomies (liposuction) are not considered medically necessary as they are experimental and investigational.

**Cosmetic surgery to reshape the breasts to improve appearance is not a covered benefit. Cosmetic signs and/or symptoms would include ptosis, poorly fitting clothing and beneficiary perception of unacceptable appearance.**

### OVERVIEW:

Macromastia (breast hypertrophy) is an increase in the volume and weight of breast tissue relative to the general body habitus. Breast hypertrophy may adversely affect other body systems (e.g., musculoskeletal, respiratory, integumentary). Unilateral hypertrophy may result in symptoms following contralateral mastectomy. Reduction mammoplasty is sometimes performed:

- To reduce the size of the breasts and help ameliorate symptoms caused by hypertrophy.
- To reduce the size of a normal breast to bring it into symmetry with a breast reconstructed after cancer surgery.
- When the signs and/or symptoms resulting from the enlarged breasts (macromastia) have not responded adequately to non-surgical interventions.

Non-surgical interventions preceding reduction mammoplasty should include as appropriate, but are not limited to, the following:

- Determining the macromastia is not due to an active endocrine or metabolic process.
- Determining the symptoms are refractory to appropriately fitted supporting garments, or following unilateral mastectomy, persistent with an appropriately fitted prosthesis or reconstruction therapy at the site of an absent breast.
- Determining that dermatologic signs and/or symptoms are refractory to or recurrent following a completed course of medical management.

Current smokers and patients with BMI >40 are at significantly increased risk of reduction mammoplasty complications.

**MANDATES:** Under Women's Health and Cancer Rights Act (WHCRA) of 1998, group health plans, insurance companies and health maintenance organizations offering mastectomy coverage also must provide coverage for certain services relating to the mastectomy in a manner determined in consultation with the member and his/her attending physician, whether or not the mastectomy was covered by BSWHP. Required coverage includes:

- All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

***Nothing in the law limits WHCRA rights to women or cancer patients.***

### CODES:

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

## MEDICAL COVERAGE POLICY

**SERVICE: Breast Reduction Surgery**

**Policy Number: 209**

**Effective Date: 07/01/2023**

**Last Review: 05/25/2023**

**Next Review Date: 05/25/2024**

CPT Codes:	19318 Reduction of large breast
ICD10 Codes:	N62 Hypertrophy of breast (Required) Plus one of the following: N65.1 Disproportion of reconstructed breast L30.4 Erythema intertrigo M25.511 Pain in right shoulder M25.512 Pain in left shoulder M25.519 Pain in unspecified shoulder M54.2 Cervicalgia M54.6 Pain in thoracic spine R21 Rash and other nonspecific skin eruption

**CMS:** Novitas LCD L35090 rev 07/11/2021, Cosmetic and Reconstructive Surgery, addresses breast reduction procedures.

### POLICY HISTORY:

Status	Date	Action
New	02/14/2014	New policy
Review	02/12/2015	Reviewed
Update	11/17/2015	Added supporting data
Review	02/04/2016	No material change
Review	01/31/2017	Added smoking & BMI criteria and suction lipectomy exclusion. References updated.
Review	01/16/2018	No changes
Review	01/08/2019	No changes
Review	01/23/2020	No changes
Updated	05/28/2020	Reviewed and aligned for FirstCare and SWHP
Review	05/27/2021	No changes
Review	05/26/2022	Minor cosmetic changes
Review	05/25/2023	No changes

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Blomqvist L, Eriksson A, Brandberg Y. Reduction Mammoplasty Provides Long-Term Improvement in Health Status and Quality of Life. *Plast. Reconstr. Surg.* 106:991, 2000.
2. Thoma A, Sprague S, Veltri K, Duku E, Furlong W. A Prospective Study of Patients Undergoing Breast Reduction Surgery: Health-Related Quality of Life and Clinical Outcomes *Plast. Reconstr. Surg.* 120:13, 2007.
3. Collins ED, Kerrigan CL, Kim M, Lowery JC, Striplin DT, Cunningham B, Wilkins EG. The Effectiveness of Surgical and NonSurgical Interventions in Relieving the Symptoms of Macromastia. *Plast. Reconstr. Surg.* 109:1556, 2002.
4. Nahai FR, Nahai F. Breast Reduction. *Plast. Reconstr. Surg.* 121: 1, 2008.
5. R. Barrett Noone, An Evidence-Based Approach to Reduction Mammoplasty. *Plast. Reconstr. Surg.* 126:2171, 2010.

**MEDICAL COVERAGE POLICY****SERVICE: Breast Reduction Surgery****Policy Number: 209****Effective Date: 07/01/2023****Last Review: 05/25/2023****Next Review Date: 05/25/2024**

6. Kalliainen L, ASPS Health Policy Committee. ASPS Clinical Practice Guideline Summary on Reduction Mammoplasty. *Plast. Reconstr. Surg.* 130:785, 2012.
7. Kerrigan, CL, Slezak, S. Evidence-Based Medicine: Reduction Mammoplasty. *Plast. Reconstr. Surg.* 132:1670, 2013.
8. Saariniemi KM, Sintonen H, Kuokkanen HO. The improvement in quality of life after breast reduction is comparable to that after major joint replacement. *Scand J Plast Reconstr Surg Hand Surg.* 2008;42(4):194-8.
9. Nelson JA, Fischer JP, Chung CU, West A, Tuggle CT, Serletti JM, Kovach SJ. Obesity and early complications following reduction mammoplasty: an analysis of 4545 patients from the 2005-2011 NSQIP datasets. *J Plast Surg Hand Surg.* 2014 Oct;48(5):334-9.
10. Karamanos E, Wei B, Siddiqui A, Rubinfeld I. Tobacco Use and Body Mass Index as Predictors of Outcomes in Patients Undergoing Breast Reduction Mammoplasty. *Ann Plast Surg.* 2015 Oct;75(4):383-7.

**Note:** Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.