

Breast Reduction Mammoplasty

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Number: MG.MM.SU.01fC

Medical Guideline Disclaimer

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Definitions

Cosmetic surgery	Performed to reshape normal structures of the body in order 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 Surgery Procedures](#)

[Gender Affirming/Reassignment Surgery — New York](#)

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.

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:
 - Presence of severe intertriginous dermatitis (photos must display intertrigo) 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

1. 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)
2. Mastopexy is covered when associated with a reconstructive procedure

Applicable Procedure Code

19316	Mastopexy
19318	Breast mammoplasty

Applicable ICD-10 Diagnosis Code

N62	Hypertrophy of breast
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Revision History

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)
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