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MEDICAL POLICY – 7.01.503

Breast Reduction (Mammaplasty)

BCBSA Ref. Policy: 7.01.21

Effective Date:	May 1, 2025
Last Revised:	Apr. 7, 2025
Replaces:	7.01.21

RELATED MEDICAL POLICIES:

7.01.521	Mastectomy for Gynecomastia
7.01.533	Reconstructive Breast Surgery/Management of Breast Implants
10.01.514	Cosmetic and Reconstructive Services
11.01.524	Site of Service: Select Surgical Procedures

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POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Very large breasts can cause severe discomfort for some women. Symptoms may include shoulder, neck, or back pain, as well as irritation or infection in the tissues under the fold of the breast. In some cases, surgery to decrease the size of the breast may relieve symptoms. The surgery includes removal of fat, glandular tissue, and skin. Neck, shoulder, and back pain are common, so ruling out other causes of pain is important. If the symptoms have lasted for months and appropriate nonsurgical treatments fail, surgery may be an option. This policy discusses when breast reduction surgery may be covered. Breast reduction surgery must be approved prior to the surgery to ensure that it is covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

We will review for medical necessity this elective surgical procedure.

We also will review the site of service for medical necessity. Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

Site of Service for Elective Surgical Procedures	Medical Necessity
Medically necessary sites of service: • **Off campus-outpatient hospital/medical center** • **On campus-outpatient hospital/medical center** • **Ambulatory surgical center**	**Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. These are the preferred medically necessary sites of service for certain elective surgical procedures.**

Inpatient hospital / medical center	**Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. This site is considered medically necessary only when the individual has a clinical condition which puts him or her at increased risk for complications including any of the following (this list may not be all inclusive):**
	• Anesthesia Risk
	  ○ ASA classification III or higher (see **definition**)
	  ○ Personal history of complication of anesthesia
	  ○ Documentation of alcohol dependence or history of cocaine use
	  ○ Prolonged surgery (>3 hours)
	• Cardiovascular Risk
	  ○ Uncompensated chronic heart failure (**NYHA class** III or IV)
	  ○ Recent history of myocardial infarction (MI) (<3 months)
	  ○ Poorly controlled, resistant hypertension*
	  ○ Recent history of cerebrovascular accident (< 3 months)
	  ○ Increased risk for cardiac ischemia (drug eluting stent placed < 1 year or angioplasty <90 days)
	  ○ Symptomatic cardiac arrhythmia despite medication
	  ○ Significant valvular heart disease

Site of Service for Elective Surgical Procedures	Medical Necessity

	• Liver Risk
	  ○ Advance liver disease (MELD Score > 8)**
	• Pulmonary Risk
	  ○ Chronic obstructive pulmonary disease (COPD) (FEV1 <50%)
	  ○ Poorly controlled asthma (FEV1 <80% despite treatment)
	  ○ Moderate to severe obstructive sleep apnea (OSA)***
	• Renal Risk
	  ○ End stage renal disease (on dialysis)
	• Other
	  ○ Morbid obesity (BMI ≥ 50)
	  ○ Pregnancy
	  ○ Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criterion])
	  ○ Anticipated need for transfusion(s)
	
	Note: * 3 or more drugs to control blood pressure
	** **https://reference.medscape.com/calculator/meld-score-end-stage-liver-disease**
	*** Moderate-AHI≥15 and ≤ 30, Severe-AHI ≥30
	****DDAVP-Deamino-Delta-D-Arginine Vasopressin (Desmopressin)

Inpatient hospital / medical center	**This site of service is considered NOT medically necessary for certain elective surgical procedures when the site of service criteria listed above are not met.**

Condition	Medical Necessity
Macromastia	**Reduction mammaplasty may be considered medically necessary for the treatment of macromastia when ALL of the following criteria are met:** • There are well-documented symptoms of physical functional impairment for at least 6-months duration (e.g., shoulder, neck or back pain, or recurrent intertrigo [irritating moist rash] in the mammary folds)

Condition	Medical Necessity
	AND • The physical functional impairment has not resolved with appropriate conservative therapy (e.g., weight loss, appropriate support bra, exercise/physical therapy, heat/cold treatment, appropriate non-steroidal anti-inflammatory drugs/muscle relaxants) **AND** • The amount of breast tissue to be removed meets the minimum weight (in grams) listed in the sliding scale below (See **Table 1**) **Reduction mammaplasty is considered not medically necessary in the absence of a confirmed physical functional impairment or when the grams of breast tissue removed does not meet the sliding scale minimum amount.** **Note:** In the case of significant asymmetry, the amount of breast tissue removed from the larger breast must meet the minimum number of grams listed in the sliding scale. (See **Table 1**) **Note:** Requests for a second or repeat reduction mammaplasty for the same individual, after the original surgery was performed, should be referred to a medical director for review.

Documentation Requirements

The medical records submitted for review should document that medical necessity criteria are met. The record should include clinical documentation of ALL of the following:

- Presence of persistent symptoms for at least 6 months (for example, shoulder, neck, or back pain, or recurrent intertrigo [irritating moist rash] in the mammary folds)
- Symptoms have not improved despite trial of appropriate conservative therapy (for example, weight loss, appropriate support bra, exercise/physical therapy, heat/cold treatment, appropriate non-steroidal anti-inflammatory drugs/muscle relaxants)
- The anticipated amount of breast tissue to be removed meets the minimum grams listed in the Schnur sliding scale
    - Include: the member's height and weight

Subjective Criteria: Functional Impairment

The presence of shoulder, neck, or back pain is the most common medical rationale that is stated for reduction mammaplasty. However, since these symptoms are subjective, the Schnur sliding scale, based on the individual's body surface area (BSA)*, is the criteria used for a more objective measure in this medical policy. See **Table 1**.

Objective Criteria: Body Surface Area (m^2)* and Weight of Breast Tissue Removed [per breast]

Table 1. Taken from the Schnur Sliding Scale [11-12]

Body Surface Area (BSA) (m^2)	Minimum Grams of Breast Tissue to be Removed
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	628
2.05	687
2.10	750
2.15	819
2.20	895
2.25	978

Table 1. Taken from the Schnur Sliding Scale [11-12]	
Body Surface Area (BSA) (m^2)	**Minimum Grams of Breast Tissue to be Removed**
2.30	1,068
2.35	1,167
2.40	1,275
2.45	1,393
2.50	1,522
2.55	1,662

*Calculation of Body Surface Area (BSA)

•Body surface area = the square root of height (cm) multiplied by weight (kg) divided by 3,600.

•To convert pounds to kilograms, multiply pounds by 0.45

•To convert inches to meters, multiply inches by 0.0254

Click here for an online **BSA Calculator**.

Note: Table 1 is taken from the Schnur Sliding Scale and shows the BSA and amount of breast tissue, in grams, to be removed to meet the 22nd percentile where women are likely to have a reduction mammaplasty primarily for medical reasons. In determining the medical necessity of the reduction mammaplasty, the number of grams of breast tissue to be removed should be used as a guideline, along with the severity and duration of the breast-related symptoms and response or failure of conservative interventions.

Coding

Code	Description
CPT	
19318	Breast reduction

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

American Society of Anesthesiologists (ASA) Score:

ASA 1 A normal healthy patient.
ASA 2 A patient with mild systemic disease.
ASA 3 A patient with severe systemic disease.
ASA 4 A patient with severe systemic disease that is a constant threat to life.
ASA 5 A moribund patient who is not expected to survive

Cosmetic: Services or surgery performed to reshape structures of the body in order to improve an individual's appearance or self-esteem. The surgery is not intended to improve physical functional impairment.

Gigantomastia: A rare condition characterized by excessive breast growth (see macromastia).

Hyperplasia: An increase in production of normal tissue cells.

Hypertrophy: An increase in the size of existing tissue cells.

Intertrigo: Recurrent or chronic inflammation that occurs in warm, moist areas of the body where two skin surfaces (skin folds) rub or press against each other (such as when large breasts sag against the chest wall). It is caused by moisture, bacteria, yeast, or fungus in the folds of the skin. If the skin stays very moist, it may begin to break down. In severe cases, there may be a bad odor caused by the skin breakdown process.

Macromastia: Abnormally enlarged or disproportionately sized breasts (see gigantomastia).

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, e.g., shortness of breath when walking, climbing stairs etc.
Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g., walking short distances (20–100 m). Comfortable only at rest.
Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

Physical functional impairment: A limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due

to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional, and psychological impairments or potential impairments.

Reconstructive surgery: Surgeries 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.

Reduction mammaplasty: A surgical procedure to reduce the size and weight of breasts by removing excess fat, breast tissue and skin. It is also known as breast reduction surgery.

Benefit Application

Medical policies regarding reduction mammaplasty have focused on the distinction between a cosmetic procedure, performed primarily to improve the appearance of the breast, and a medically necessary procedure, performed primarily to relieve documented clinical symptoms. It should be noted that the emotional and psychosocial distress associated with body appearance does not constitute a medical rationale for reduction mammaplasty, and thus these indications would be considered cosmetic.

Evidence Review

Description

Macromastia, or gigantomastia, is a condition that describes breast hyperplasia or hypertrophy. Macromastia may result in clinical symptoms such as shoulder, neck, or back pain, or recurrent intertrigo in the mammary folds. In addition, macromastia may be associated with psychosocial or emotional disturbances related to the large breast size. Reduction mammaplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or to relieve the associated clinical symptoms.

Background

Macromastia Treatment

Reduction mammaplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or to relieve the associated clinical symptoms.

While literature searches have identified many articles that discuss the surgical technique of reduction mammaplasty and have documented that reduction mammaplasty is associated with relief of physical and psychosocial symptoms,[1,2,3,4,5,6,7,8,9] an important issue is whether reduction mammaplasty is a functional need or cosmetic. For some individuals, the presence of medical indications is clear-cut, clear documentation of recurrent intertrigo or ulceration secondary to shoulder grooving. For some individuals, the documentation differentiating between a cosmetic and a medically necessary procedure will be unclear. Criteria for medically necessary reduction mammaplasty are not well-addressed in the published medical literature.

Some protocols on the medical necessity of reduction mammaplasty are based on the weight of removed breast tissue. The basis of weight criteria is not related to the outcomes of surgery, but to surgeons retrospectively classifying cases as cosmetic or medically necessary. Schnur et al (1991) at the request of third-party payers, developed a sliding scale.[10] This scale was based on survey responses from 92 of 200 solicited plastic surgeons, who reported the height, weight, and amount of breast tissue removed from each breast from the last 15 to 20 reduction mammaplasties they had performed. Surgeons were also asked if the procedures were performed for cosmetic or medically necessary reasons. The data were then used to create a chart relating the body surface area, and the cutoff weight of breast tissue removed that differentiated cosmetic and medically necessary procedures. Based on their estimates, those with a breast tissue removed weight above the 22nd percentile likely had the procedure for medical reasons, while those below the 5th percentile likely had the procedure performed for cosmetic reasons; those falling between the cutpoints had the procedure performed for mixed reasons.

Schnur (1999) reviewed the use of the sliding scale as a coverage criterion and reported that, while many payers had adopted it, many had also misused it.[11] Schnur pointed out that if a payer used weight of resected tissue as a coverage criterion, then if the weight fell below the 5th percentile, the reduction mammaplasty would be considered cosmetic; if above the 22nd percentile, it would be considered medically necessary; and if between these cutpoints, it would be considered on a case-by-case basis. Schnur also questioned the frequent requirement that a

woman is within 20% of her ideal body weight. While weight loss might relieve symptoms, durable weight loss is notoriously difficult and might be unrealistic in many cases.

Summary of Evidence

For individuals who have symptomatic macromastia who receive reduction mammaplasty, the evidence includes systematic reviews, randomized controlled trials, cohort studies, and case series. Relevant outcomes are symptoms and functional outcomes. Studies have indicated that reduction mammaplasty is effective at decreasing breast-related symptoms such as pain and discomfort. There is also evidence that functional limitations related to breast hypertrophy are improved after reduction mammaplasty. These outcomes are achieved with acceptable complication rates. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Some currently ongoing trials that might influence this review are listed in **Table 2**.

Table 2. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT04889469	Indications for Breast Reduction in the Public Health Care System	2000	Aug 2031

NCT: national clinical trial.

Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions.

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National

Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Society of Plastic Surgeons

In 2011, the American Society of Plastic Surgeons (ASPS) issued practice guidelines and a companion document on criteria for third-party payers for reduction mammaplasty, which was updated and reaffirmed in March 2021 and March 2022. [26, 27] Based on high quality evidence, the ASPS strongly recommends that "postmenarche female patients presenting with breast hypertrophy should be offered reduction mammaplasty surgery as first-line therapy over nonoperative therapy based solely on the presence of multiple symptoms rather than resection weight." The guideline goes on to state that "reduction mammaplasty surgery is considered standard of care for symptomatic breast hypertrophy." The companion document notes that medical records should document the symptoms associated with the hypertrophy the patient has experienced, and lists the following:

- "Documentation may include pain that patient experiences in the neck, back, or breasts related to movement
- Difficulties in daily activities such as grocery shopping, banking, using transportation, preparing meals, feeding, showering, etc.
- Documentation of any secondary complications or infections that may have occurred as a result of hypertrophy or macromastia including intertrigo, chronic rash, cervicalgia, dorsalgia, or kyphosis
- Documentation of prior procedures or therapies may be included but not required for approval
- Photographs demonstrating the patient's breast appearance, possible shoulder grooves and kyphosis can be included in the medical documentation
- Significant scientific evidence supports non-operative therapies should not be required prior to approval of the procedure."

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

Reduction mammaplasty is a surgical procedure and, as such, is not subject to regulation by the US Food and Drug Administration.

References

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History

Date	Comments
01/05/97	New Policy. Add to Surgery section.
04/14/98	Replace Policy. Reviewed with changes
06/01/99	Replace Policy. Expanded Description, changes in Policy and Policy Guidelines
09/21/00	Replace Policy. Criteria for amount of breast tissue to be removed revised.
07/01/02	Replace Policy. Policy description updated, policy guidelines clarified, and references added.
04/15/03	Replace Policy. Policy revised and updated; more detailed discussion on criteria used to distinguish medically necessary from cosmetic procedures.
03/09/04	Replace Policy. Policy reviewed; no change to policy statement; additional references added.
09/01/04	Replace Policy. Policy renumbered from PR.7.01.103. No changes to dates.
02/08/05	Replace Policy. Policy reviewed; no change to policy statement; new references added.
02/14/06	Replace Policy. Policy reviewed; with literature search; no change to policy statement; new references added.
06/06/09	Update Scope and Disclaimer. No other changes.
02/13/07	Replace Policy. Policy updated with literature review. Medically necessary policy statement unchanged but clarified and complimented by a cosmetic policy statement. Definitions for cosmetic, physical functional impairment and reconstructive surgery added to the Policy Guidelines.
02/12/08	Replace Policy. Policy updated with literature search. No change to policy statement. Reference added.
10/14/08	Replace Policy. Policy statement revised from cosmetic to not medically necessary for those not meeting the criteria of physical functional impairment or Schnur Sliding Scale.
03/10/09	Replace Policy. Policy statement revised to include note on significant asymmetry. Policy Guidelines revised by extending Schnur scale to larger BSA and greater corresponding grams, and note added regarding deference to severity of symptoms. Rationale and References updated *Effective November 3, 2009 due to notification process.*
11/09/10	Replace Policy. Policy updated with literature search. No change to policy statement. References added.
09/15/11	Replace Policy. Policy updated with literature search. No change to policy statement. Reference added. Related Policies updated; 10.01.514 added.

Date	Comments
08/20/12	Replace Policy. Policy updated with literature search. No change to policy statement. Remove Related Policy 9.01.502 as it was deleted.
01/14/13	Replace policy. Title revised with addition of "breast-related symptoms". Policy statement revised with addition of "6-months duration of symptoms unresponsive to conservative interventions" statements with examples. Added definition of intertrigo to benefit application section. Rationale section updated based on a literature review through September 2012. The word "mammoplasty" is replaced with new spelling mammaplasty throughout the policy. References 15, 20-21, 24 added. Others renumbered or removed. Policy statement changed as noted.
09/05/13	Minor Update. Change the spelling of "mammaplasty" to "mammoplasty" for purposes of consistency with other terms (eg, mamm**o**graphy).
01/21/14	Replace policy. Policy updated with literature search. Clinical Trials information updated. No change to policy statement.
10/13/14	Interim Update. Change statement indicating reduction mammaplasty is considered cosmetic in the absence of a demonstrated physical functional impairment or when the grams of breast tissue removed does not meet the sliding scale minimum amount; it was previously stated to be not medically necessary.
01/13/15	Annual Review. No change to policy statements. References 22, 23 added.
06/09/15	Coding Update. ICD-10-PCS codes added in support of remediation efforts.
04/01/16	Annual Review, approved March 8, 2016. Definition of Terms moved to Policy Guidelines from Benefit Application section. Policy updated with literature review through January, 2016; reference 20 added. Policy statements unchanged. Coding table revised to include only one CPT code.
08/04/16	Minor Update. Revised link for body surface area (BSA) calculator in Policy Guidelines section.
12/06/16	Policy moved to new format. No changes to policy statement.
03/01/17	Interim Review, approved February 14, 2017. Policy statement revised: Reduction mammaplasty, previously considered cosmetic in the absence of a confirmed physical functional impairment or when the grams of breast tissue removed do not meet the sliding scale minimum amount, is now considered not medically necessary. Changed all instances of "mammoplasty" to "mammaplasty" throughout the policy.
05/01/17	Annual Review, approved April 11, 2017. Policy updated with literature review through December 20, 2016; references 14 and 22 added. Policy statements unchanged.
03/01/18	Interim Review, approved February 27, 2018. Note added that this policy has been revised. Added Surgery Site of Service criteria, which becomes effective June 1, 2018.
05/01/18	Annual Review, approved April 3, 2018. Policy updated with literature review through December 2017; no references added; a citation removed as out-of-scope and reference list updated. Policy statements unchanged.

Date	Comments
06/01/18	Minor update; removed note and link to updated policy. Surgery Site of Service criteria becomes effective.
05/01/19	Annual Review, approved April 2, 2019. Policy updated with literature review through December 2018; no references added; reference 20 updated. Policy statements unchanged.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020. Policy updated with literature review through November, 2019; no references added. Policy statements unchanged.
05/01/21	Annual Review, approved April 1, 2021. Policy updated with literature review through December 10, 2020; no references added. Policy statements unchanged. Title change to Breast Reduction (Mammaplasty) from Reduction Mammaplasty for Breast Related Symptoms.
05/01/22	Annual Review, approved April 11, 2022. Policy updated with literature review through November 15, 2021; no references added. Policy statements unchanged.
05/01/23	Annual Review, approved April 10, 2023. Policy updated with literature review through December 13, 2022; references added. Policy statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
11/01/23	Minor update. Updated link for an online BSA Calculator.
11/21/23	Minor correction to BSA Calculator link.
05/01/24	Annual Review, approved April 8, 2024. Policy updated with literature review through December 20, 2023; no references added. Policy statements unchanged.
05/01/25	Annual Review, approved April 7, 2025. Policy updated with literature review through December 20, 2024; references added. Policy statements unchanged.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member

benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.