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MEDICAL POLICY – 7.01.503

Reduction Mammaplasty for Breast-Related Symptoms

BCBSA Ref. Policy: 7.01.21

Effective Date:	June 1, 2018
Last Revised:	June 1, 2018
Replaces:	7.01.21

RELATED MEDICAL POLICIES:

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

Select a hyperlink below to be directed to that section.

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

∞ Clicking this icon returns you to the hyperlinks menu above.

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

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 patient 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
	• **Liver Risk**
	  ○ Advance liver disease (MELD Score > 8)**
	• **Pulmonary Risk**
	  ○ Chronic obstructive pulmonary disease (COPD) (FEV1 <50%)
	  ○ Poorly controlled asthma (FEV1 <80% despite treatment)

Site of Service for Elective Surgical Procedures	Medical Necessity
	○ 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 criteria]) ○ Anticipated need for transfusion(s) * 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 (eg, shoulder, neck or back pain, or recurrent intertrigo [irritating moist rash] in the mammary folds) **AND** • The physical functional impairment has not resolved with appropriate conservative therapy (eg, weight loss, appropriate support bra, exercise/physical therapy, heat/cold treatment; appropriate non-steroidal anti-inflammatory drugs/muscle relaxants, and others)

Condition	Medical Necessity
	AND • The amount of breast tissue to be removed meets the minimum weight (in grams) listed in the sliding scale below. **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 patient, 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, and others) • 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 patient'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
2.30	1,068
2.35	1,167
2.40	1,275
2.45	1,393

Table 1. Taken from the Schnur Sliding Scale [11-12]	
Body Surface Area (BSA) (m^2)	**Minimum Grams of Breast Tissue to be Removed**
2.50	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	Reduction Mammaplasty

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 the patient'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 break down 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, eg, 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, eg, 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.

Evidence Review

Efficacy in Reducing Symptoms/Functional Impairment

Randomized Controlled Trials (RCTs)

In 2008, Sabino Neto et al assessed functional capacity in which 100 patients, ages 18 to 55 years, were randomized to reduction mammaplasty or to waiting list control.[7] Forty-six patients from each group completed the study. At baseline and 6 months later, patients were assessed for functional capacity using the Roland-Morris Disability Questionnaire (0=best performance, 24=worst performance) and for pain using a visual analog scale (VAS). The reduction mammaplasty group showed improvement in functional status, with an average score of 5.9 preoperatively and 1.2 within 6 months postoperatively ($p<0.001$ for pre-post comparison within the mammaplasty group) versus an unchanged average score of 6.2 in the control group on the first and second evaluations. Additionally, pain in the lower back decreased on the VAS from an average of 5.7 preoperatively to 1.3 postoperatively ($p<0.001$ for pre-post comparison within the mammaplasty group) versus VAS average scores in the control group of 6.0 and 5.3 on the first and second evaluations, respectively ($p=NS$).

Also in 2008, Saariniemi and colleagues reported on a study to assess quality of life and pain in which 82 patients were randomized to reduction mammaplasty or a non-operative group in which patients were evaluated at the onset of the study (baseline) and 6 months later.[9] The authors reported the mammaplasty group had significant improvements in quality of life, as measured by the Physical Component Summary score of the Short Form Health Survey (SF)-36 item quality-of-life questionnaire (change, +9.7 vs. +0.7, $p<0.0001$), the Utility Index score (SF-6D) (change, +17.5 vs. +0.6), the index score of quality of life (SF-15D) (change, +8.6 vs. +0.06, $p<0.0001$), and SF-36 Mental Component Summary score (change, +7.8 vs. -1.0, $p<0.002$). There were also improvements in breast-related symptoms from baseline to 6 months, as measured by the Finnish Breast-Associated Symptoms questionnaire score (-47.9 vs. -3.5, $p<0.0001$), and the Finnish Pain Questionnaire score (-21.5 vs. -1.0, $p<0.001$).

Iwuagwu et al (2006) reported on 73 patients randomized to receive reduction mammaplasty within 6 weeks or after a 6-month waiting period to assess lung function.[8] All patients had

symptoms related to macromastia. Postoperative lung function correlated with the weight of breast tissue removed, but there were no significant improvements in any lung function parameters for the mammaplasty group compared with the control group.

Observational Studies

Singh and Losken, in 2012, reported on a systematic review of studies reporting outcomes after reduction mammaplasty.[12] In 7 studies reporting on physical symptoms (n range, 11-92 patients), reviewers found reduction mammaplasty improved functional outcomes including pain, breathing, sleep, and headaches. Additional psychological outcomes noted in the review include improvements in self-esteem, sexual function, and quality of life (QOL).

In 2016, Hernanz et al reported on a descriptive cohort study of 37 consecutive obese patients who underwent reduction mammaplasty for symptomatic macromastia, along with 37 age-matched women hospitalized for short-stay surgical procedures.[13] In the preoperative state, SF-36 physical health component subscore was significantly lower for patients with symptomatic macromastia (40) than for age-matched controls (53; $p<0.001$), with differences in 5 of the 8 subscales. At 18 months postprocedure, there was no significant differences in any SF-36 subscores except the body pain subscale between patients who had undergone reduction mammaplasty and age-matched controls.

In 2002, Kerrigan and Collins published the results of the BRAVO (Breast Reduction: Assessment of Value and Outcomes) study, a registry of 179 women undergoing reduction mammaplasty.[14] Women were asked to complete quality of life questionnaires and a physical symptom count both before and after surgery. The physical symptom count focused on the number of symptoms present that were specific to breast hypertrophy and included upper back pain, rashes, bra strap grooves, neck pain, shoulder pain, numbness and arm pain. In addition, the weight and volume of resected tissue were recorded. Results were compared to a control group of patients with breast hypertrophy, defined as size DD bra cup, and normal sized breasts, who were recruited from the general population. The authors proposed that the presence of 2 physical symptoms might be an appropriate cut-off for determining medical necessity for breast reduction. For example, while 71.6% of the hypertrophic controls reported none or one symptom, only 12.4% of those considered surgical candidates reported none or one symptom. This observation is difficult to evaluate because the study did not report how surgical candidacy was determined. The authors also reported that none of the traditional criteria for determining medical necessity for breast reduction surgery (height, weight, body mass index, bra cup size, or weight of resected breast tissue) had a statistically significant relationship with outcome improvement. The authors concluded that the determination of medical necessity should be

based on patients' self-reported symptoms rather than more objectively measured criteria, such as weight of excised breast tissue.

Section Summary: Efficacy in Reducing Symptoms

Systematic reviews, randomized trials, and observational studies have shown that several measures of function and QOL improve after reduction mammaplasty.

Complications

Thibaudeau and colleagues, in 2010, conducted a systematic review to evaluate breastfeeding after reduction mammaplasty.[15] After a review of literature from 1950 through 2008, the authors concluded that reduction mammaplasty does not reduce the ability to breastfeed. In women who have had reduction mammaplasty, breastfeeding rates were comparable in the first month postpartum to rates in the general population in North America.

In 2011, Chen and colleagues reported on a review of claims data to compare complication rates after breast surgery in 2,403 obese and 5,597 non-obese patients.[16] Of these patients, breast reduction was performed in 1,939 (80.7%) in the study group and 3,569 (63.8%) in the control group. Obese patients had significantly more claims for complications within 30 days after breast reduction surgery than non-obese patients (14.6% vs. 1.7%, respectively, $p<0.001$). Complications included inflammation, infection, pain, and seroma/hematoma development. Also in 2011, Shermak et al. reported on a review of claims data comparing complication rates in relation to age after breast reduction surgery in 1,192 patients.[18] Infection occurred more frequently in patients older than 50 years of age [odds ratio (OR): 2.7; $p=0.003$]. Additionally, women older than 50 years also experienced more wound healing problems (OR: 1.6; $p=0.09$) and reoperative wound debridement (OR: 5.1; $p=0.07$). Other retrospective evaluations (2013, 2014) of large population datasets have also reported an increased incidences of perioperative and postoperative complications with high BMI.[18,19]

Ongoing and Unpublished Clinical Trials

A search of **ClinicalTrials.gov** in January 2018 did not identify any ongoing or unpublished trials that would likely influence this medical policy.

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. These 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. Overall, reduction mammaplasty in appropriately selected patients is associated with improvements in net health outcomes and may be considered medically necessary when the criteria in the policy statement are met.

Practice Guidelines and Position Statements

The American Society of Plastic Surgeons (ASPS)

The ASPS issued practice guidelines and a companion document on criteria for third-party payers for reduction mammaplasty.[20,22] The ASPS found that level I evidence has shown reduction mammaplasty is effective in treating symptomatic breast hypertrophy which "is defined as a syndrome of persistent neck and shoulder pain, painful shoulder grooving from brassiere straps, chronic intertriginous rash of the inframammary fold, and frequent episodes of headache, backache, and neuropathies caused by heavy breasts caused by an increase in the volume and weight of breast tissue beyond normal proportions." The ASPS also indicated the volume or weight of breast tissue resection should not be criteria for reduction mammaplasty. If 2 or more symptoms are present all or most of the time, reduction mammaplasty is appropriate.

While criteria for medically necessary reduction mammaplasty are not well addressed in the published medical literature, a method of considering both severity of symptoms and number of grams of breast tissue to be removed remains the optimum practice for determining medical necessity.

U.S. Preventive Services Task Force Recommendations

Reduction mammaplasty is not considered a preventive service.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Regulatory Status

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

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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.

Date	Comments
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.
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;

Date	Comments
	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.
06/01/18	Minor update; removed note and link to updated policy. Surgery Site of Service criteria becomes effective.

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.

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This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማሪኛ (Amharic):
ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በእከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት።በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):
يحوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):
Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):
Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):
Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnub tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):
Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti apliksayonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):
この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):
ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):
សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្ងៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការជានាវ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញផ្លែ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):
ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ਼ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):
این اعلامیه حاوی اطلاعات مهم میباشد .این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید .شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید .شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کاربران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):
To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócic uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):
Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastre de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):
Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'amatalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):
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