

Macromastia - Reduction Mammoplasty

Reduction mammoplasty or breast reduction surgery reduces the volume and weight of the breasts by removing excess fat, glandular tissue and skin. The procedure is performed in order to alleviate or correct medical problems caused by excessive breast tissue. **Women** presenting with various forms of breast hypertrophy accompanied by persistent clinical signs and symptoms that adversely affect health are the principal candidates for breast reduction surgery.

Note: Reduction mammoplasty performed as part of gender affirming surgeries are **NOT** covered under this clinical criteria.

Reduction mammoplasty will be considered for coverage when **ALL** of the criteria below are met, confirmed with supporting medical documentation.

I. Criteria for Initial Approval

- Documentation of a functional impairment (defined as adverse effect on activities of daily living) related to at least two of the following:
 - Chronic pain
 - Chronic headaches.
 - Chronic upper back, neck, breast or shoulder pain.
 - Skin changes
 - Signs and symptoms of intertriginous maceration and/or infection of the inframammary skin (e.g., hyperpigmentation, bleeding, chronic moisture, and evidence of skin breakdown refractory to dermatologic measures).
 - Shoulder grooving from bra straps.
 - Arthritic changes
 - Signs and symptoms of nerve compression that are unresponsive to medical management (e.g., ulnar paresthesias) and evidenced by nerve conduction studies.
 - History of significant arthritic changes in the cervical or upper thoracic spine.
 - Thoracic outlet syndrome.
 - Acquired kyphosis that is attributed to macromastia.
 - Dismorphic Syndrome
 - Depression/significant anxiety related to macromastia.

- Medical opinion that these functional impairments are attributable to macromastia.
 - Documented exclusion of alternative etiologies (e.g., such as arthritis, multiple sclerosis, cervical spine disease, etc.) have been adequately ruled-out by means of diagnostics, as applicable.
- Medical opinion that the proposed procedure is likely to result in significant improvement of the functional impairment.
- Documentation that the functional impairments have persisted despite conservative management for at least six months:
 - Unresponsive to medical therapies such as physical therapy, exercises, use of support garment or brace.
 - Analgesic/non-steroidal anti-inflammatory drugs (NSAIDs) interventions and/or muscle relaxants.
 - Dermatologic therapy of ulcers, necrosis and refractory skin infections.
 - Chiropractic care or osteopathic manipulative treatment.
- Documentation of the preoperative anticipated amount of breast tissue to be removed per breast. If anticipated that the patient will have at least 1 kg of breast tissue removed from each breast, please document that as well.
- Performed to achieve symmetry following removal and/or reconstruction of a breast due to malignancy.
- High-risk surgical patients with substantial medical comorbidities (such as cardiopulmonary disease and morbid obesity) may not be eligible for reduction mammoplasty, even if they meet the criteria listed above for breast reduction.

II. Required Clinical Information

Documentation of **ALL** of the following:

- History of the medical condition(s) requiring treatment or surgical intervention and all of the following:
 - Recent History and Physical exam, and medical progress notes related to:
 - Documentation of patient’s symptoms believed to be caused by macromastia. This should also include any documentation of negative psychological effects.
 - Documentation of efforts to medically manage symptoms to include previous evaluations and diagnostic tests results used to rule out orthopedic, neurologic, rheumatologic, endocrine or metabolic causes.
 - Member’s bra size, height, weight, and BMI.
 - Women 40 years of age or older are required to have a current mammogram within the two years prior to the date of the planned reduction mammoplasty.

- A statement to include that there is a reasonable likelihood that the patient's symptoms are primarily due to macromastia; ***and that*** reduction mammoplasty is likely to result in improvement of the chronic pain/symptoms.
- Documented estimate of the likely reduction in volume of breast tissue.

III. Coverage Limitations and Exclusions

The following are examples of coverage limitations and exclusions:

- Breast reduction surgery when done to improve appearance without improving a functional/physiologic impairment.
- Liposuction as the sole procedure for breast reduction surgery.
- Procedures that correct an anatomical congenital anomaly without improving or restoring physiologic function, which are considered cosmetic procedures.
- Procedures that do not meet the reconstructive criteria in the *Criteria for Initial Approval (Section I)*.

IV. Length of Preauthorization for Initial Therapy

Preauthorization will be in effect for 6 months when criteria for initial approval are met.

V. Billing Code/Information

CPT code: 19318 Reduction Mammoplasty; 1 billable unit = 1 procedure.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 10/30/2020

Last Reviewed Date: 10/30/2020