



**REDUCTION
MAMMOPLASTY
HS-003**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

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WellCare Health Insurance of Arizona, Inc.*

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WellCare of Texas, Inc.

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Reduction Mammoplasty

Policy Number: HS-003

Original Effective Date: 3/20/2007

**Revised Date(s): 5/27/2009; 5/22/2009;
10/21/2010; 9/15/2011**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Reduction mammoplasty is the surgical reduction of breast size. It was developed as a means of alleviating physical and emotional symptoms associated with excessive breast size and breast ptosis. Members desiring reduction mammoplasty may seek surgery to alleviate difficulty in finding clothing, sleeping, or exercising or to relieve hand and arm pain. Surgery may also be sought by patients who desire a purely cosmetic result. The goal of the surgery is to create a natural, balanced appearance and normal location of the nipple and areola with minimal scarring, while maintaining normal sensation.

Several procedures are available to accomplish breast reduction, each with its unique combination of skin incisions and resection patterns and approach to breast reshaping. Two surgical approaches to reduction mammoplasty are currently popular: Wise pattern reduction mammoplasty and vertical pattern breast reduction. The Wise pattern reduction mammoplasty is most commonly used in the United States, and the vertical pattern breast reduction is more popular in Europe. Both are pedicle-based procedures, with the Wise pattern scars entirely below the nipple and the vertical pedicle scars above the nipple. A crescent-shaped mass of tissue is removed from the inferior portion of each breast, and the skin is resected and sutured. Both grafting and pedicle-based techniques are used in cases where it is necessary to reposition the nipple-areola complex. These procedures seek to preserve the blood and nerve supply to the nipple-areola complex and create a symmetrical and natural appearance, while reducing breast volume and weight. Care is also taken to avoid scars that may be visible when the patient is clothed.

Members may return home on the day of surgery, with or without surgical drains in place. The breasts are kept firmly supported until swelling subsides. The skin is inspected daily for signs of infection or hematoma. Members are instructed to avoid strenuous activity for several weeks. It may take up to 6 months for the shape of the breasts and any scarring to stabilize completely. Since scarring of the breast will not permit comparison with earlier studies, mammography should be performed at that point to serve as a baseline for future evaluation

Evidence from randomized controlled and nonrandomized demographically matched controlled studies is sufficient to conclude that reduction mammoplasty is effective for the relief of symptoms of macromastia, with relatively few serious complications. In all of the reviewed studies, reduction mammoplasty significantly improved health-related quality of life and most functional measures, while reducing pain and breast-associated symptoms (Hayes, 2008).

Schnur Sliding Scale: Body Surface Area and Cutoff Weight of Breast Tissue Removed, per Breast

Body Surface Area (m²)	<u>Average grams of tissue per breast to be removed</u>
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	1068
2.35	1167
2.40	1275
2.45	1393
2.50	1522
2.55	1662
2.60	1806
2.65	1972
2.70	2154
2.75	2352
2.80	2568
2.85	2804
2.90	3061
2.95	3343
3.00	3650

Body Surface Area (BSA [m²] can be calculated using the following formula: $BSA (m^2) = ([height (in) \times weight (lb)]/3131)^{1/2}$

POSITION STATEMENT

Reduction Mammoplasty **is considered medically necessary** when ALL of the following criteria are met:

- 1) Member is female and at least 18 years of age, **OR** if not 18 years of age, has clinical evidence documenting physical development is complete; **AND**,
- 2) There is a diagnosis of 611.1 Macromastia by physical examination; **AND**,
- 3) TWO of the following conditions which negatively affect activities of daily living are present and are refractory to at least 3 months of conservative care***:
 - Chronic breast pain due to weight of breast; **OR**,
 - Intertrigo, dermatitis, eczema, or hidradenitis at the inframammary fold, unresponsive to medical management: **OR**,

- Upper back, neck and shoulder pain; **OR**,
- Thoracic kyphosis, acquired; **OR**,
- Shoulder grooving from bra straps; **OR**,
- Upper extremity paresthesia due to brachial plexus compression syndrome secondary to the weight of the breasts being transferred to the shoulder strap area; **OR**,
- Headache affecting activities of daily living.

*** Conservative care may be classified as the following: oral analgesic use, compress use, massage, supportive garment and back brace use, physical therapy and/or correction of obesity.

NOTE: The removal of a specified amount of breast tissue has not been correlated with a reduction or elimination of symptoms. Virtually all women who underwent breast reduction for symptomatic hypertrophy experienced an improvement in their symptoms and health related quality of life, regardless of the weight of breast tissue removed. *An amount of breast tissue estimated to be removed can be determined using the Schnur scale, utilizing body surface area, determined by height and weight of the member (see background section).*

NOTE: The physician should consult with the member regarding future ability to breastfeed, possible loss of tactile feeling, degree of scarring possible, and any issues related to the psychological well-being of the member before and after the surgery.

Reduction mammoplasty **is NOT covered** when performed for either of the following reasons:

- 1) Surgery is being performed to treat psychological symptomatology or psychosocial complaints, in the absence of significant physical, objective signs; **OR**,
- 2) Surgery is being performed for the sole purpose of improving appearance.

Suction lipectomy or ultrasonically-assisted suction lipectomy (liposuction) as a sole method of treatment for symptomatic macromastia **is NOT a covered benefit**.

CODING

CPT® Codes

19318 Reduction mammoplasty

ICD-9-CM Procedure Codes

85.31 Unilateral Reduction Mammoplasty

85.32 Bilateral Reduction Mammoplasty

Covered ICD-9-CM Diagnosis Code when the criteria above have been met.

611.1 Hypertrophy of breast; Macromastia; Gynecomastia; Massive pubertal

Non-Covered CPT®* Codes

Not covered when performed as a sole method of treatment for symptomatic macromastia

15877 Suction assisted lipectomy; trunk

*Current Procedural Terminology (CPT) 20110 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

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3. Schnur, P.L., Hoehn, J.G., Ilstrup, D.M., Cahoy, M.J., & Chu, C.P. (1991). Reduction mammoplasty: cosmetic or reconstructive procedure? *Annals of Plastic Surgery*, 27, 232-237.

Government Agencies, Professional and Medical Organizations

1. American Society of Plastic Surgeons. (2002, March 9). Recommended insurance coverage criteria for third party payers: reduction mammoplasty. Retrieved from <http://www.plasticsurgery.org>
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HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
9/15/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.