



## Clinical Review Criteria Related to Female Reduction Mammoplasty and Breast Reconstruction

### I. Criteria for Approval

A. MHI considers Reduction Mammoplasty (CPT 19318) to be medically necessary for members over the age of 18 who meet the following criteria:

1. Patient must either have *one* of the syndromes listed in section B. *or* meet *both* clinical criteria specified in section C.

B. **Syndromes** (any *one* of the following):

1. Poland syndrome<sup>1</sup> (Note: Treatment of this syndrome often requires augmentation on one side and some reduction on the other to improve symmetry.)

2. Juvenile macromastia<sup>2</sup>

3. High-risk gravid macromastia<sup>3</sup>

C. **Clinical Criteria** (*both* of the following):

1. Symptoms (*one* of the following):

a. Physical condition severe enough to warrant surgery (e.g., risk of sternal wound dehiscence)

b. Pain severe enough to warrant surgery and attributable to significant macromastia as defined by the tissue weight criteria (e.g., intractable intertrigo, bra strap grooving, back pain or shoulder pain unrelieved by conservative analgesia or physical therapy)

2. Recommended guidelines for consideration of reduction mammoplasty:

a. Tissue weight to be removed from each breast:

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<sup>1</sup> Unilateral hypoplasia of the pectoral muscle and breast.

<sup>2</sup> A rare, rapid, and massive enlargement of one or both breasts afflicting girls 11 to 14 years of age. (Only 70 cases of severe juvenile breast hypertrophy have been documented in the literature.) 1,500-4,000 extra grams of tissue per breast may develop within three to six months. A benefit exception will be considered in eligible cases as recommended by the pediatrician, plastic surgeon, and the child's parents.

<sup>3</sup> An enlargement of the breasts during pregnancy that causes stretching and fracturing of the dermis, typically observed in the third or fourth month of gestation. The condition occurs in one of every 25,000 to 100,000 pregnancies. Conservative therapy (e.g., breast support, bed rest, analgesics) is the treatment of choice for gestational macromastia. If conservative therapy is unsuccessful, a benefit exception will be considered for cases identified by an obstetrician as high risk for hemorrhaging and sepsis. The decision to recommend surgery will be made between the patient, her obstetrician, and the plastic surgeon.



**Body surface area and cutoff weight  
of average breast tissue removed**

<b>Body Surface Area (m2)</b>	<b>Average grams of tissue per breast to be removed</b>
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
3.05	3985
3.10	4351
3.15	4750
3.20	5186
3.25	5663
3.30	6182
3.35	6750
3.40	7369
3.45	8045
3.50	8783
3.55	9589
3.60	10468
3.65	11428
3.70	12476
3.75	13619
3.80	14867
3.85	16230
3.90	17717
3.95	19340
4.00	21112
4.05	23045
4.10	25156
4.15	27459
4.20	29972
4.25	32716
4.30	35710
4.35	38977
4.40	42543
4.45	46435
4.50	50682
4.55	55316
4.60	60374
4.65	65893
4.70	71915



4.75	78487
4.80	85658

3. Simplified formula for calculation of body surface area:

a.  $(BSA \text{ (in m}^2) = [\text{height (cm)}]^{0.718} \times [\text{weight (kg)}]^{0.427} \times .007449)$ .

**II. Required Documentation**

A. Letter of medical necessity or office notes documenting clinical indications:

1. Height and weight
2. Body surface area (BSA)
3. Clinical evaluation of signs and/or symptoms
4. Therapies attempted and responses to those therapies
5. Photographs

**III. What is Not Covered**

- A. Cosmetic surgery
- B. Correction of nipple inversion
- C. Absence of persistent signs or symptoms
- D. Surgery on anyone under age 18
- E. Failure to satisfy the minimum criteria defined above
- F. Reduction mammoplasty for male Gynecomastia is not covered for HMO, PPO, and POS plans as per the individual members benefit plan.
- G. Autologous fat grafting
- H. Liposuction
- I. Mastopexy (except following a mastectomy)



J. Surgical repair of inverted nipple

## CODES:

### ICD 10 Code

N62 Hypertrophy of breast

N60-65 Disorders of breast

### CPT Code

19318 Reduction Mammoplasty

## REFERENCES

NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A

Schnur, Paul L, et al., "Reduction Mammoplasty: Cosmetic or Reconstructive Procedure?" *Annals of Plastic Surgery*. Sept 1991; 27 (3): 232-7.  
(Last Accessed 9/4/15)

The Schnur Sliding Scale Chart, American Society of Plastic Surgeons (ASPS), "ASPS Recommended Insurance Coverage Criteria for Third Party Payers: Reduction Mammoplasty," Approved by the ASPS Board of Directors, March 9, 2002  
[http://www.bcbst.com/MPManual/The\\_Schnur\\_Sliding\\_Scale\\_chart.htm](http://www.bcbst.com/MPManual/The_Schnur_Sliding_Scale_chart.htm)  
(Last Accessed 02/11/16)

Chadbourne, MD, Elenie B. et al, "Clinical Outcomes in Reduction Mammoplasty: A Systematic Review and Meta-analysis of Published Studies," *Mayo Clin Proc*. 2001; 76:503-510

Espinosa-de-los-Monteros, MD, Antonio "Breast Reduction, Lejour," eMedicine.com, Inc.,  
September 30, 2009,  
[http://www.emedicine.com/plastic/topic148.htm#section~author\\_information](http://www.emedicine.com/plastic/topic148.htm#section~author_information)  
(Last Accessed 02/11/16)

Singh KA, Losken A. Additional benefits of reduction mammoplasty: a systematic review of the literature. *Plast Reconstr Surg*. Mar 2012;129(3):562-570. PMID 22090252