Reduction Mammaplasty

Humana®

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Line of Business: Commercial

Medical Coverage Policy

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Related Medical/Pharmacy Coverage Policies

Breast Reconstruction
Gender Affirmation Surgery
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Description

Macromastia is excessive development of the mammary glands (breasts) disproportionate to the body. Reduction mammaplasty (also spelled mammoplasty), or breast reduction surgery, reduces the volume and weight of the breasts by removing excess glandular tissue, skin and subcutaneous fat. The goals of the surgery are to relieve symptoms caused by heavy breasts, to create a natural, balanced appearance with normal location of the nipple and areola, to maintain the capacity for lactation and allow for future breast exams/mammograms, with minimal scarring or decreased sensation.

The traditional method of breast reduction requires an open incision around the areola extending downward to the crease beneath the breast. Excess breast tissue, fat and skin are removed, and placement of the nipple and areola are adjusted.

In a liposuction-only reduction mammaplasty, a small access incision is made in one of the following locations: axillary (under the arm), periareolar (around the nipple) or in the inframammary fold (under the breast). Anesthesia may be injected along with saline solution until the tissue is firm, and a suction cannula is used to extract fat from the breast. **(Refer to Coverage Limitations Section)**

Coverage Determination

Any state mandates for reduction mammaplasty take precedence over this medical coverage policy.

Commercial Plan members: requests for reduction mammaplasty for an individual with body surface area (BSA) greater than or equal to 2.60 require review by a medical director.

Humana members may be eligible under the Plan for **reduction mammaplasty** when the following criteria are met:

- Based on the individual's BSA, using the **DuBois** formula, tissue to be removed from each breast is expected to be greater than or equal to the 22nd percentile of the Schnur sliding scale (see BSA calculation and Schnur sliding scale); **AND**
- Diagnosis of macromastia; **AND**
- Female 18 years of age or older or for whom breast growth is complete; **AND**
- Mammogram performed within 12 calendar months prior to the date of the scheduled procedure negative for suspected cancer (applicable to individuals 40 years of age or older without a known breast cancer diagnosis); **AND**
- One of the following conditions:
    - Medical complications due to refractory skin breakdown (eg, severe soft tissue infection, tissue necrosis, ulceration, hemorrhage) resulting from overlying breast tissue, not relieved or controlled by at least 3 months of dermatological therapy (eg, topical antibiotic, antifungal, corticosteroid cream) or other prescribed treatment if medically appropriate and not contraindicated; **OR**
    - Functional impairment** adversely affecting activities of daily living due to severe back, neck and/or shoulder pain or upper extremity paresthesia directly attributable to macromastia, refractory to conservative treatment* and no other etiology has been found on medical evaluation

*Conservative treatment includes 3 consecutive months of medical management, including at least one of the following:

- Chiropractic care or osteopathic manipulative treatment; **OR**
- Medically prescribed exercise regimen; **OR**
- Medically supervised weight loss program; **OR**
- NSAIDS and/or skeletal muscle relaxants if medically appropriate and not contraindicated; **OR**

- Physical therapy

****Functional impairment is defined as a direct and measurable reduction in physical performance of an organ or body part.

Humana members may be eligible under the Plan for **reduction mammaplasty of the unaffected/contralateral breast** when performed to produce a symmetrical appearance following a medically necessary mastectomy or lumpectomy due to breast cancer.

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **reduction mammaplasty** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **liposuction-only reduction mammaplasty**. This is considered experimental/investigational as it is not identified as safe, widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language. These are considered experimental/investigational as they are not identified as widely used and generally accepted for any other proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
15877	Suction assisted lipectomy; trunk	**Not Covered**
19318	Breast reduction	
CPT® Category III Code(s)	**Description**	**Comments**
No code(s) identified		
HCPCS Code(s)	**Description**	**Comments**
No code(s) identified		

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10. Schnur PL, Hoehn JG, Listrup DM, Cahoy MJ, Chu C. Reduction mammaplasty: cosmetic or reconstructive procedure? *Ann Plast Surg*. 1991;27:232-237.

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Appendix

BSA Formula

The **DuBois** BSA equation was originally developed using centimeters as the unit of measure for height but was modified to accommodate the use of meters. Either of the following are correct.

$0.20247 \times \text{height (m)}^{0.725} \times \text{weight (kg)}^{0.425}$ or $0.007184 \times \text{height (cm)}^{0.725} \times \text{mass (kg)}^{0.425}$

To calculate BSA, use the following link:

https://www.merckmanuals.com/professional/pages-with-widgets/clinical-calculators?mode=list

1. Confirm the heading reads: **Body Surface Area (DuBois Method)**
2. Enter height (select unit of measure from drop down menu)
3. Enter weight (select unit of measure from drop down menu)
4. BSA result will appear; confirm it is shown in square meters (sqm)
5. Select "2" from the drop-down menu for decimal precision (do not round up)

Schnur Sliding Scale[10]

BSA Meters squared (m^2)	**Lower 22%** Minimum weight of tissue (grams) to be removed per brea
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
2.50	1,522
2.55	1,662
≥2.60	Medical Director Review Required

Change Summary

07/25/2024 Annual Review, No Coverage Change.