SCOPE:

This policy presents criteria for medically necessary reduction mammoplasty.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Cosmetic, Reconstructive and Plastic Surgery – General Guidelines: Chapter 4, Section 2.1 and Reduction Mammoplasty for Macromastia: Chapter 4, Section 5.4.

For Advantage MD, see Medicare Coverage Database: Local Coverage Determination (LCD): Cosmetic and Reconstructive Surgery (L35090)

I. Reduction Mammoplasty for Females

When benefits are provided under the member’s contract, JHHC considers Reduction Mammoplasty for Females medically necessary when ALL of the following criteria are met:

A. Age and sexual maturity (BOTH)
   1. Member is at least 18 years of age
   2. Member has achieved sexual maturity as demonstrated by:
      a. Tanner Stage V breast development
      b. 24 months post menarche

B. History and physical examination include at least TWO of the following established, treated, and documented by a physician other than the surgeon:
   1. Permanent shoulder grooving from bra straps bilaterally
   2. Chronic, unremitting intertrigo, unresponsive to standard preventive and therapeutic measures for a period of at least six months
   3. Headaches, back, shoulder, neck or breast pain unresponsive to at least three months of conservative therapeutic measures including at least TWO of the following:
      a. Supportive devices (e.g., proper bra support, wide bra straps)
      b. Analgesic/non-steroidal anti-inflammatory drug (NSAIDs) intervention
c. Physical therapy/exercises/posturing maneuvers

d. Medically supervised weight loss program

e. Orthopedic or spine surgeon evaluation of spinal pain

4. Paresthesias of the hands or arms

C. Estimated excess breast tissue per breast to be removed, based on the member’s body surface area (BSA) calculated using the Mosteller Formula* (ONE):

1. 199 g to 238 g and BSA 1.35 to 1.45
2. 239 g to 284 g and BSA 1.46 to 1.55
3. 285 g to 349 g and BSA 1.56 to 1.69
4. > 350 g

Simplified formula for calculation of body surface area (Mosteller Formula*):

\[ BSA \text{ (in m}^2\text{)} = \frac{(\text{Height (cm)} \times \text{Weight (kg)})}{3600}^{1/2} \]

D. Women 40 years of age or older are required to have a mammogram that was negative for cancer performed within the year prior to the date of the planned reduction.

E. Requests for reduction mammoplasty can be considered for females under 18, who have achieved sexual maturity (Tanner Stage V (e.g. breast size has been stable over 1 year)) for >1 year on a case by case basis and criteria is sections A (section 2 a & b), B, and C above are met.

F. Unless specific benefits are provided under the member’s contract, JHHC considers mastopexy cosmetic unless performed as a component of breast reconstruction following mastectomy for breast cancer.

G. Unless specific benefits are provided under the member’s contract, JHHC considers repeat breast reduction mammoplasty not medically necessary.

II. Reduction Mammoplasty for Males

When benefits are provided under the member’s contract, JHHC considers Reduction Mammoplasty for Males with unilateral or bilateral gynecomastia medically necessary when ALL of the following criteria are met:

A. Age and sexual maturity (BOTH)

1. Member is at least 18 years of age
2. Tanner Stage V development documented for a minimum of one year

B. Pain or tenderness of glandular breast tissue (not associated adipose tissue)

C. Documentation includes photos and physical exam evidence of Grade II, III or IV gynecomastia

D. Contributory medical conditions have either been excluded or identified and adequately treated for > 6 months

E. Comprehensive medication review (BOTH)

1. THC (delta-9-tetrahydrocannabinol which is the active ingredient in marijuana) use excluded by urine drug screen
2. Prescribed medications reviewed and (ONE)
   a. All prescribed medications deemed non-contributory, OR;
   b. Contributory medication(s) discontinued, OR;
c. Prescribing physician certifies that there is no acceptable therapeutic alternative to a contributory medication

F. Requests for reduction mammoplasty can be considered for males under age 18, who have achieved sexual maturity (Tanner Stage V) for > 1 year on a case by case basis.

G. Unless specific benefits are provided under the member’s contract, JHHC considers all other forms of reduction mammoplasty cosmetic.

BACKGROUND:

Hypertrophy of the breast (macromastia and gigantomastia) is a rare but disabling condition of excessive growth of breast tissue. Breast weight in excess of approximately 3% of total body weight is generally accepted as the indication for hypertrophy of the breast (American Society for Plastic Surgery, 2016). Some clinicians further distinguish between macromastia as excessive breast tissue less than 2.5 kilograms and gigantomastia where excessive breast tissue is greater than 2.5 kilograms. (Banikarim, 2016)

A common complaint among women suffering from macromastia is pain in the upper and lower back, head, neck, shoulders and breasts. There may be complaint of numbness and tingling of the fingers. There may also be complaints of disability and loss of function. Often the medical histories of these women describe episodes of chronic intertriginous rash of the inframammary fold and physical evidence of shoulder grooving from brassiere straps is documented (Schnur, 1997).

Conservative medical management (weight loss, adequate bra support, physical therapy) is usually recommended to reduce symptoms of pain, improve posture, and assist in skin healing. Failure of the patient to respond to medical management may result in a recommendation for surgical intervention. Breast reduction surgery (reduction mammoplasty or mammaplasty) may be performed related to the hypothesis that reducing breast weight will relieve pain, will decrease disability, and will increase function. There are no definitive controlled studies supporting the effectiveness of surgical removal of excessive breast tissue. Most medical literature discusses surgical outcomes in terms of relief from pre-operative symptoms of pain and an improved quality of life.

Gynecomastia is a clinical condition in which males exhibit benign enlargement of breast tissue which may be related to an imbalance of the hormones estrogen and testosterone. Gynecomastia may be transient. It may be unilateral or bilateral. Males may complain of breast swelling, pain, tenderness, and/or nipple discharge (Braunstein, 2016).

Gynecomastia may also manifest as an abnormal clinical condition associated with diseases such as hypogonadism, tumors, hyperthyroidism, kidney failure, liver failure and cirrhosis, and malnutrition (Grunitmanis, 2001). Medications such as the following may also influence the hormonal balance resulting in male breast enlargement: anti-androgens, anabolic steroids, AIDS drugs, anti-anxiety drugs, tricyclic antidepressants, antibiotics, cancer treatments, cardiac medications, and drugs used to treat gastrointestinal ulcers.
Most cases of gynecomastia resolve over time without treatment. Treating the underlying medical condition or implementing changes in the male’s medications may resolve other cases. Failure to respond to conservative medical management may result in the recommendation for surgery. Surgical intervention is often in the form of mastectomy.

**CODING INFORMATION:**

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

**PRE-AUTHORIZATION REQUIRED**

_Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits_

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP) <strong>See Specific Summary Plan Description (SPD)</strong></th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
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<td>Mastectomy for Gynecomastia</td>
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<td>19316</td>
<td>Mastopexy</td>
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<td>19318</td>
<td>Reduction mammoplasty</td>
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<td>19340</td>
<td>Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction</td>
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<td>19342</td>
<td>Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction.</td>
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**ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY**

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Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


