

MVP/Preferred Care BENEFIT INTERPRETATION

Breast Reduction Surgery (Reduction Mammoplasty)

Type of Policy

Surgical Care

Codes

ICD-9 Codes: 85.31, 85.32

CPT Codes: 19318

NOTE: If there is a diagnosis of breast cancer, prior authorization is not required for the following codes:

ICD-9 Codes: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9

CPT Codes: 19318

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

A breast reduction is the surgical excision and removal of a substantial portion of the breast. The surgical removal of breast tissue, including the skin reduces the weight and size of the breasts.

Indications/Criteria

Medical record documentation must be submitted. For those patients experiencing pain, documentation must be included in the patient's record stating that significant pain symptoms have persisted in spite of a three (3) month trial consisting of non-surgical therapeutic measures, including analgesic, non-steroidal anti-inflammatory drugs (NSAIDs) unless contraindicated, and the use of supportive and properly fitted garments, before the following criteria can be considered:

- Breast reduction for hypertrophy will be considered medically necessary when a history is submitted by a provider other than the surgeon requesting coverage, documenting at least **one** of the following criteria^{[1][2]}:
 - clavicular bra strap/shoulder grooves causing severe pain or ulceration that interferes with the members activities of daily living (ADLs); **or**
 - brachial plexus compression; **or**

- persistent pain in upper back, neck, shoulders with documentation stating that other musculoskeletal conditions have been ruled out such as arthritis or spondylitis. Also, the use of analgesics for pain/discomfort and physical therapy must have been tried and failed; **or**
- members with documented chronic intertrigo in the infra-mammary fold who have failed conservative dermatologic treatment (e.g., antibiotics or antifungal therapy) for a period of six months or longer.

AND

- if the BMI is ≤ 35 , documentation that ≥ 500 grams of tissue is to be removed from each breast (Table 1);
- if the BMI is ≥ 35 , documentation that ≥ 1000 grams of tissue is to be removed from each breast (Table 2).

Photographs may be requested at the discretion of the Medical Director.

- Breast reduction to achieve symmetry in a patient who has undergone breast surgery on the opposite breast for an illness or injury, e.g. mastectomy for breast cancer. (Refer to MVP Breast Reconstruction Policy).

Exclusions/Limitations

Breast reduction surgery is generally considered to be cosmetic and, therefore, not medically necessary, unless the above criteria are met.

Table I. The BMI index is equal to or less than 35.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

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Table II. BMI index is greater than 35.

BMI	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Height (inches)	Body Weight (pounds)																
58	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248
59	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257
60	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266
61	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275
62	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284
63	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293
64	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302
65	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312
66	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322
67	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331
68	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341
69	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351
70	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362
71	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372
72	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383
73	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393
74	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404
75	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415
76	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426

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References (updated 2008)

1. National Comprehensive Cancer Network. (2005) Breast cancer screening and diagnosis guidelines. [Electronic version]. *Clinical Practice Guidelines in Oncology*, v.1.2005. Retrieved January 13, 2006 from <http://www.nccn.org/>.
2. National Comprehensive Cancer Network. (2005) Breast Cancer. [Electronic version]. *Clinical Practice Guidelines in Oncology*, v.1. Retrieved January 13, 2006 from <http://www.nccn.org/>.
3. United States Department of Agriculture. (2005, December 20) Products & Services/BMI Tables. Retrieved January 13, 2006 from <http://www.ars.usda.gov/Services/docs.htm?docid=11236>.

Approval(s) & Review/Revision(s)

Medical:

Review:

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Approval:

Quality Improvement Committee: 3/10/08

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Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior authorization.. Both policies are available on the easylink for Providers at www.preferredcare.org.