REDUCTION MAMMAPLASTY
SUR716.012

COVERAGE:

Coverage WILL NOT BE ALLOWED for Reduction Mammaplasty procedures done for cosmetic reasons unless documentation for medical necessity has been obtained. For PREDETERMINATION REQUESTS, there should not be any commitment of coverage unless documentation has been received and reviewed to support the medical necessity.

Documentation may include the following:

- History and Physical Examination Record, and Office Notes that include:
  - Height
  - Weight
  - Bra size
  - Measurement of distance between the nipple and the suprasternal notch, must be greater than 22 centimeters,
  - Measurement of distance between the nipple to the inframammary creases, must be greater than 6.5 centimeters

  **The documentation shall include at least two of the following clinical indications and physical findings:**

  - Long standing postural backache or upper back pain unrelieved by conservative analgesics and/or bra supportive measures
  - Arthritic changes in the cervical and upper thoracic vertebral column
  - Presence of ulnar paresthesia
  - Demonstrable shoulder notching, (not grooving), with evidence of skin surface erosion by the bra straps
  - Complaints of intertriginous maceration of the inframammary skin, failing conservative treatment, having been treated by the attending physician or dermatologist
  - An expectation of removal of at least 500 grams per breast of tissue, consisting substantially of breast tissue rather than fat.

- Photographs
Operative Report

Pathology Report that includes:
- Resection of 500 grams or more of tissue per breast
- Confirmation of glandular tissue rather than only fat.

NOTE: For the measurement of the nipple distance to the suprasternal notch, this can be extended past normal ranges, greater than 21 centimeters of breasts with ptosis, without an increase of breast volume or breast weight. Therefore, this measurement should not stand alone as an indicator of breast hypertrophy.

The removal of the glandular tissue should logically have a relation to the body weight of the patient. (Example: A 500-gram breast tissue removal per each breast of a person weighing 98 pounds has a greater impact than to a person weighing 150 pounds.) The 500 grams per breast guideline would be expected for the routine reduction mammoplasty patient.

When pathology reports demonstrate the presence of fatty tissue without glandular tissue, reduction mammoplasty is not covered.

Special Review Consideration:
- Massive pubertal enlargement of the breasts, an unusual increase size and mass of the breasts during puberty
- Solitary enlargement of one breast.

Use of liposuction to perform this procedure is considered INVESTIGATIONAL.

DESCRIPTION:

Reduction Mammoplasty is a cosmetic reconstruction of the breast to decrease in volume by excision of tissue. The primary objective of the reduction mammoplasty is to reduce the size of the breast with redraping of the skin envelope. This provides for the lift and projection of a naturally contoured breast with aesthetically situated nipple-areola complexes and scars.

The diagnosis of female breast hypertrophy is used to describe an increase in the volume and weight of breast tissue in excess of the normal proportion. Breast hypertrophy may affect one or more of the body systems, such as musculoskeletal, respiratory, and integumentary. While the response is usually symmetric involvement of both breasts, occasional cases of unilateral hypertrophy occur. Breast hypertrophy may also become symptomatic after mastectomy on the opposite breast. A comparison of overall body stature of the patient with the size of the breast(s) as determined by nipple position, and estimated excess breast tissue weight is evaluated, to confirm the patient's diagnosis. (There can also be a psychological impact for the patient.)

RATIONALE:
DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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