MEDICAL POLICY

POLICY TITLE	REDUCTION MAMMOPLASTY FOR BREAST-RELATED SYMPTOMS
POLICY NUMBER	MP 1.013

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☐ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☒ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective date:	**7/1/2026**

POLICY

Reduction mammaplasty may be considered **medically necessary** for the treatment of macromastia when well-documented clinical symptoms are present, including but not limited to:

- Documentation of a minimum 6-week history of shoulder, neck, or back pain related to macromastia not responsive to conservative therapy, such as an appropriate support bra, exercises, heat/cold treatment, and appropriate nonsteroidal anti-inflammatory agents or muscle relaxants; OR
- Recurrent or chronic intertrigo between the pendulous breast and the chest wall.

Reduction mammoplasty is considered a reconstructive procedure and **medically necessary** when performed on the unaffected breast following previous radical surgery for disease when the purpose is to provide symmetry with the breast on which the mastectomy has been performed.

Reduction mammoplasty is considered **investigational** for all other indications not meeting the above criteria as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Policy Guidelines

The presence of shoulder, neck, or back pain is the most common stated medical rationale for reduction mammaplasty. However, because these symptoms and others may be subjective, various other selection criteria has been designed to be more effective. These criteria include:

- Use of photographs, providing a visual documentation of breast size or documenting the presence of shoulder grooving, an indication that the breast weight results in grooving of the bra straps on the shoulder.
- Requirement of a specified amount of breast tissue to be resected, commonly 500 to 600 grams per breast.
- Use of the Schnur Sliding Scale, which suggests a minimum amount of breast tissue to be removed for the procedure to be considered medically necessary, based on the individual's body surface area. Some Plans may use the Schnur Sliding Scale only for weight of resected tissue that falls below 500 to 600 grams.
- Requirement that the individual must be within 20% of ideal body weight to eliminate the possibility that obesity is contributing to the symptoms of neck or back pain.

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Cross-References:
MP 1.004 Cosmetic and Reconstructive Surgery
MP 1.103 Reconstructive Breast Surgery Including Management of Breast Implants, External Breast Prothesis and Post Mastectomy Bras
MP 1.129 Surgical Treatment of Gynecomastia

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO - Refer to FEP medical policy manual. The FEP medical policy manual can be found at: fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies.

DESCRIPTION/BACKGROUND

MACROMASTIA

Macromastia, or gigantomastia, is a condition that describes breast hyperplasia or hypertrophy. Macromastia may result in clinical symptoms such as shoulder, neck, or back pain, or recurrent intertrigo in the mammary folds. In addition, macromastia may be associated with psychosocial or emotional disturbances related to the large breast size. Reduction mammoplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or to relieve the associated clinical symptoms.

Treatment

Reduction mammoplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or relieve the associated clinical symptoms.

While literature searches have identified many articles that discuss the surgical technique of reduction mammaplasty and have documented that reduction mammaplasty is associated with relief of physical and psychosocial symptoms, an important issue is whether reduction mammaplasty is a functional need or cosmetic. For some patients, the presence of medical indications is clear-cut: clear documentation of recurrent intertrigo or ulceration secondary to shoulder grooving. For some patients, the documentation differentiating between a cosmetic and a medically necessary procedure will be unclear. Criteria for medically necessary reduction mammaplasty are not well-addressed in the published medical literature.

Some protocols on the medical necessity of reduction mammaplasty are based on the weight of removed breast tissue. The basis of weight criteria is not related to the outcomes of surgery, but to surgeons retrospectively classifying cases as cosmetic or medically necessary. Schnur et al (1991) at the request of third-party payers, developed a sliding scale. This scale was based on survey responses from 92 of 200 solicited plastic surgeons, who reported the height, weight, and amount of breast tissue removed from each a breast from the last 15 to 20

reduction mammaplasties they had performed. Surgeons were also asked if the procedures were performed for cosmetic or medically necessary reasons. The data were then used to create a chart relating the body surface area, and the cutoff weight of breast tissue removed that differentiated cosmetic and medically necessary procedures. Based on their estimates, those with a breast tissue removed weight above the 22nd percentile likely had the procedure for medical reasons, while those below the 5th percentile likely had the procedure performed for cosmetic reasons; those falling between the cutpoints had the procedure performed for mixed reasons.

Schnur (1999) reviewed the use of the sliding scale as a coverage criterion and reported that, while many payers had adopted it, many had also misused it. Schnur pointed out that if a payer used weight of resected tissue as a coverage criterion, then if the weight fell below the 5th percentile, the reduction mammaplasty would be considered cosmetic; if above the 22nd percentile, it would be considered medically necessary; and if between these cutpoints, it would be considered on a case-by-case basis. Schnur also questioned the frequent requirement that a woman is within 20% of her ideal body weight. While weight loss might relieve symptoms, durable weight loss is notoriously difficult and might be unrealistic in many cases.

REGULATORY STATUS

Reduction mammaplasty is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

Rationale

SUMMARY OF EVIDENCE

For individuals who have symptomatic macromastia who receive reduction mammaplasty, the evidence includes systematic reviews of randomized controlled trials, cohort studies, and case series. Relevant outcomes are symptoms and functional outcomes. Studies have indicated that reduction mammaplasty is effective at decreasing breast-related symptoms such as pain and discomfort. There is also evidence that functional limitations related to breast hypertrophy are improved after reduction mammaplasty. These outcomes are achieved with acceptable complication rates. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

DEFINITIONS

ACT 51 OF 1997 – THE MASTECTOMY ACT: PA mandate that prohibits health insurance companies from requiring mastectomies to be performed on an outpatient basis. Other requirements include coverage for: One home health visit within 48 hours after discharge when the discharge is within 48 hours of the admission for the mastectomy; Reconstructive surgery, including surgery to re-establish symmetry and mastectomy –related prosthetic devices.

COSMETIC SURGERY: An elective procedure performed primarily to change a person's appearance by surgically altering a physical characteristic that does not prohibit normal function but is considered unpleasant or unsightly.

INTERTRIGO: A superficial dermatitis occurring on apposed skin surfaces, such as the axillae, creases of the neck, intergluteal fold, groin, between the toes and beneath pendulous breasts, with obesity being a predisposing factor, caused by moisture, friction, warmth and sweat retention and characterized by erythema, maceration, burning, itching and sometimes erosions, fissures and exudations and secondary infections.

RECONSTRUCTIVE SURGERY: A procedure performed to improve or correct a functional impairment, restore a bodily function, or correct a deformity resulting from birth defect or accidental injury. The fact that a member might suffer psychological consequences from a deformity does not, in the absence of bodily functional impairment, qualify surgery as being reconstructive surgery.

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

Procedure Codes								
19318								

ICD-10-CM Diagnosis Codes	Description
L24.A0	Irritant contact dermatitis due to friction or contact with body fluids, unspecified
L24.A9	Irritant contact dermatitis due friction or contact with other specified body fluids
L30.4	Erythema intertrigo
L98.44	Non-pressure chronic ulcer of chest

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ICD-10-CM Diagnosis Codes	Description
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M53.83	Other specified dorsopathies, cervicothoracic region
M54.2	Cervicalgia
M54.6	Pain in thoracic spine
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
N62	Hypertrophy of breast
N65.1	Disproportion of reconstructed breast

REFERENCES

1. *Dabbah A, Lehman JA, Jr., Parker MG, et al. Reduction mammaplasty: an outcome analysis. Ann Plast Surg. Oct 1995;35(4):337-341. PMID 8585673*
2. *Schnur PL, Schnur DP, Petty PM, et al. Reduction mammaplasty: an outcome study. Plast Reconstr Surg. Sep 1997;100(4):875-883. PMID 9290655*
3. *Hidalgo DA, Elliot LF, Palumbo S, et al. Current trends in breast reduction. Plast Reconstr Surg. Sep 1999;104(3):806-815; quiz 816; discussion 817-808. PMID 10456536*
4. *Glatt BS, Sarwer DB, O'Hara DE, et al. A retrospective study of changes in physical symptoms and body image after reduction mammaplasty. Plast Reconstr Surg. Jan 1999;103(1):76-82; discussion 83-75. PMID 9915166*
5. *Collins ED, Kerrigan CL, Kim M, et al. The effectiveness of surgical and nonsurgical interventions in relieving the symptoms of macromastia. Plast Reconstr Surg. Apr 15, 2002;109(5):1556-1566. PMID 11932597*
6. *Iwuagwu OC, Walker LG, Stanley PW, et al. Randomized clinical trial examining psychosocial and quality of life benefits of bilateral breast reduction surgery. Br J Surg. Mar 2006;93(3):291-294. PMID 16363021*
7. *Sabino Neto M, Dematte MF, Freire M, et al. Self-esteem and functional capacity outcomes following reduction mammaplasty. Aesthet Surg J. Jul-Aug 2008;28(4):417-420. PMID 19083555*
8. *Iwuagwu OC, Platt AJ, Stanley PW, et al. Does reduction mammaplasty improve lung function test in women with macromastia? Results of a randomized controlled trial. Plast Reconstr Surg. Jul 2006;118(1):1-6; discussion 7. PMID 16816661*
9. *Saariniemi KM, Keranen UH, Salminen-Peltola PK, et al. Reduction mammaplasty is effective treatment according to two quality of life instruments. A prospective randomised clinical trial. J Plast Reconstr Aesthet Surg. Dec 2008;61(12):1472-1478. PMID 17983882*
10. *Schnur PL, Hoehn JG, Ilstrup DM, et al. Reduction mammaplasty: cosmetic or reconstructive procedure? Ann Plast Surg. Sep 1991;27(3):232-237. PMID 1952749*

11. *Schnur PL. Reduction mammaplasty-the schnur sliding scale revisited. Ann Plast Surg. Jan 1999;42(1):107- 108. PMID 9972729*
12. *Lin Y, Yang Y, Zhang X, et al. Postoperative Health-related Quality of Life in Reduction Mammaplasty: A Systematic Review and Meta-Analysis. Ann Plast Surg. Jul 01 2021; 87(1): 107-112. PMID 33346564*
13. *Beraldo FN, Veiga DF, Veiga-Filho J, et al. Sexual Function and Depression Outcomes Among Breast Hypertrophy Patients Undergoing Reduction Mammaplasty: A Randomized Controlled Trial. Ann Plast Surg. Apr 2016; 76(4): 379-82. PMID 25536204*
14. *Iwuagwu OC, Stanley PW, Platt AJ, et al. Effects of bilateral breast reduction on anxiety and depression: results of a prospective randomised trial. Scand J Plast Reconstr Surg Hand Surg. 2006; 40(1): 19-23. PMID 16428209*
15. *Freire M, Neto MS, Garcia EB, et al. Functional capacity and postural pain outcomes after reduction mammaplasty. Plast Reconstr Surg. Apr 01 2007; 119(4): 1149-1156. PMID 17496584*
16. *Saariniemi KM, Joukamaa M, Raitasalo R, et al. Breast reduction alleviates depression and anxiety and restores self-esteem: a prospective randomised clinical trial. Scand J Plast Reconstr Surg Hand Surg. 2009; 43(6): 320-4. PMID 19995250*
17. *Singh KA, Losken A. Additional benefits of reduction mammaplasty: a systematic review of the literature. Plast Reconstr Surg. Mar 2012;129(3):562-570. PMID 22090252*
18. *Torresetti M, Zuccatosta L, Di Benedetto G. The effects of breast reduction on pulmonary functions: A systematic review. J Plast Reconstr Aesthet Surg. Dec 2022; 75(12): 4335-4346. PMID 36229312*
19. *Hernanz F, Fidalgo M, Munoz P, et al. Impact of reduction mammoplasty on the quality of life of obese patients suffering from symptomatic macromastia: A descriptive cohort study. J Plast Reconstr Aesthet Surg. Aug 2016;69(8):e168-173. PMID 27344408*
20. *Kerrigan CL, Collins ED, Kim HM, et al. Reduction mammaplasty: defining medical necessity. Med Decis Making. May-Jun 2002;22(3):208-217. PMID 12058778*
21. *Thibaudeau S, Sinno H, Williams B. The effects of breast reduction on successful breastfeeding: a systematic review. J Plast Reconstr Aesthet Surg. Oct 2010;63(10):1688-1693. PMID 19692299*
22. *Chen CL, Shore AD, Johns R, et al. The impact of obesity on breast surgery complications. Plast Reconstr Surg. Nov 2011;128(5):395e-402e. PMID 21666541*
23. *Shermak MA, Chang D, Buretta K, et al. Increasing age impairs outcomes in breast reduction surgery. Plast Reconstr Surg. Dec 2011;128(6):1182-1187. PMID 22094737*
24. *Gust MJ, Smetona JT, Persing JS, et al. The impact of body mass index on reduction mammaplasty: a multicenter analysis of 2492 patients. Aesthet Surg J. Nov 01, 2013;33(8):1140-1147. PMID 24214951*
25. *Nelson JA, Fischer JP, Chung CU, et al. Obesity and early complications following reduction mammaplasty: An analysis of 4545 patients from the 2005-2011 NSQIP datasets. J Plast Surg Hand Surg. Oct 2014;48(5):334-339. PMID 24506446*
26. *American Society of Plastic Surgeons. Reduction Mammaplasty: ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. 2021*
27. *Perdikis G, Dillingham C, Boukovalas S, et al. American Society of Plastic Surgeons Evidence-Based Clinical Practice Guideline Revision: Reduction Mammaplasty. Plast Reconstr Surg. Mar 01 2022; 149(3): 392e-409e. PMID 35006204*

28. Pennsylvania General Assembly. Act 51 of 1997. Act of 4 Nov. 1997, P.L. 492, No. 51

POLICY HISTORY

MP 1.013	**02/26/2020 Consensus Review**. Policy statement unchanged. Policy Guideline added. Background and references updated. Coding updated.
	03/23/2021 Minor Review. Policy statement unchanged. References updated. The following section was moved from policy guidelines section to policy statement section: The presence of shoulder, neck, or back pain is the most common stated *medical* rationale for reduction mammoplasty. However, because these symptoms and others may be subjective, Plans have implemented various patient selection criteria designed to be more objective. They include: • Use of photographs, providing a visual documentation of breast size or documenting the presence of shoulder grooving, an indication that the breast weight results in grooving of the bra straps on the shoulder. • Requirement of a specified amount of breast tissue to be respected, commonly 500 to 600 grams per breast. • Use of the Schnur Sliding Scale, which suggests a minimum amount of breast tissue to be removed for the procedure to be considered medically necessary, based on the patient's body surface area. Some Plans may use the Schnur Sliding Scale only for weight of resected tissue that falls below 500 to 600 grams. Requirement that the patient must be within 20% of ideal body weight to eliminate the possibility that obesity is contributing to the symptoms of neck or back pain.
	09/08/2021 Administrative Update. New codes L24.A0 and L24.A9 added. Effective 10/01/2021
	06/06/2022 Minor Review. Criteria changed to • Macromastia must be the primary cause of symptoms **AND** • At least two of the following symptoms have been documented for a duration of 6 weeks or more: o Chronic breast pain due to weight of breasts o Intertrigo unresponsive to medical management o Upper back, neck, and shoulder pain o Backache o Thoracic kyphosis o Shoulder grooving from bra straps* o Upper extremity paresthesia due to brachial plexus compression syndrome secondary to the weight of the breasts being transferred to the shoulder strap area o Congenital breast deformity* Policy Guidelines removed. Background and Rationale extensively revised. References added. Added the following ICD10 codes to policy – G54.0,

	G56.40, G56.41, G56.42, G56.43, M40.04, M53.83, M54.2, M54.6, M95.4, N64.4, Q83.8. FEP language updated. References added.
	04/11/2023 Consensus Review. No change to policy statement. Background and References updated.
	03/29/2024 Consensus Review. No change to policy statement. Cross Referenced policies updated. References added.
	03/06/2025 Minor Review. Removed breast pain, thoracic kyphosis, shoulder grooving, brachial plexus compression syndrome and congenital breast deformity from list of medically necessary indications for surgery. Policy Guidelines added. Background, Rationale and References updated. Benefit Variation and Disclaimer revised. Removed the following ICD10 codes – G54.0, G56.40, G56.41, G56.42, G56.43, M40.04, M95.4, N64.4, Q83.8.
	06/12/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.
	09/02/2025 Administrative Update. Added ICD10 L98.44 as part of new code process for 10/01/2025
	03/13/2026 Consensus Review. No change to policy statement. Cross referenced policies updated. Reference added.