

Clinical Policy: Reduction Mammoplasty and Gynecomastia Surgery

Reference Number: LA.CP.MP.51

Last Review Date: ~~11/08/21~~10

Coding Implications

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Reduction mammoplasty, also known as breast reduction surgery, is a surgical procedure in women to reduce the weight, mass, and size of the breast. Gynecomastia surgery is the surgical correction of over-developed or enlarged breasts in men.

When the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast, reduction mammoplasty and removal of breast implants shall be considered cosmetic and not medically necessary.

Note: *For breast surgeries pertaining to gender affirmation, refer to LA.CP.MP.95 Gender Affirming Procedures.*

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that reduction mammoplasty females for non-cosmetic indications is **medically necessary when the criteria in A or B below are met:**

A. Reduction mammoplasty for purposes other than reconstruction all of the following:

- 1. Pubertal breast development is complete;**
- 2. A diagnosis of macromastia with at least 2 of the following symptoms for at least a 12-week duration:**
 - a. Chronic breast pain**
 - b. Headache**
 - c. Neck, shoulder, or back pain**
 - d. Shoulder grooving from bra straps**
 - e. Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area**
 - f. Thoracic kyphosis**
 - g. Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management**
 - h. Congenital breast deformity;**
- 3. There is a reasonable likelihood that the symptoms are primarily due to macromastia; and**
- 4. The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms**

B. Gigantomastia of Pregnancy

The member/enrollee has gigantomastia of pregnancy, accompanied by any of the following complications, and delivery is not imminent:

- 1. Massive infection;**
- 2. Significant hemorrhage;**
- 3. Tissue necrosis with slough;**
- 4. Ulceration of breast tissue.**

II. It is the policy of Louisiana Healthcare Connections that removal of breast implants for purposes other than reconstruction is considered medically necessary for the following indications:

- A. Visible capsular contracture causing pain (Baker Grade IV)
- B. Diagnosed or suspected implant rupture
- C. Local or systemic infection
- D. Siliconoma or granuloma
- E. Implant extrusion
- F. Interference with the diagnosis or treatment of breast cancer
- G. Breast implant-associated anaplastic large cell lymphoma

III. It is the policy of Louisiana Healthcare Connections that mastectomy or breast conserving surgery is considered medically necessary when all of the following criteria are met:

- A. A high risk of breast cancer, as defined by one or more of the following:
 - 1. Positive genetic mutation that is known or likely to confer a high risk of breast cancer (e.g., BRCA1 and BRCA2) where risk-reducing mastectomy is recommended by National Comprehensive Cancer Network guidelines; or
 - 2. Significant family history, as defined by meeting the family history criteria listed under “Breast and Ovarian Cancer” within the “Genetic Testing” policy in Attachment A; or
 - 3. Prior thoracic radiation therapy at an age less than 30 years old; and
- B. A life expectancy greater than or equal to 10 years.

IV. It is the policy of Louisiana Healthcare Connections that reconstructive breast surgery is considered medically necessary after therapeutic intervention (e.g., mastectomy) or trauma resulting in significant loss of breast tissue.

- A. The following services are considered medically necessary:
 - 1. Reconstruction of the affected breast;
 - 2. Reconstruction of the contralateral breast to produce a symmetrical appearance;
 - 3. Prostheses (implanted, external, or both); and
 - 4. Treatment of complications of the reconstruction.
- B. All prosthetic implants must be FDA approved and used in compliance with all FDA requirements at the time of the surgery.

~~I. It is the policy of Louisiana Healthcare Connections that reduction mammoplasty in females for non-cosmetic indications is medically necessary when the criteria in A or B below are met:~~

~~A. *Macromastia:*~~

- ~~1. Member is ≥ 16 years of age and/or Tanner stage V of Tanner staging of sexual maturity (See Appendix A for Tanner Staging);~~
- ~~2. No change in cup size for at least 6 months;~~
- ~~3. The estimated amount of breast tissue to be removed meets the minimum weight requirement based on the member’s body surface area (BSA) per Appendix B, adapted from the Schnur Sliding Scale. The DuBois and DuBois body surface calculator (found here: <http://www-users.med.cornell.edu/~spon/picu/calc/bsacalc.htm>) may be used to calculate BSA if only height and weight are given;~~
- ~~4. Member has at least two (2) of the following persistent symptoms, affecting activities of daily living for at least one year:~~

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- a. ~~Headaches associated with neck and upper back pain;~~
- b. ~~Pain in neck, shoulders, or upper back not related to other causes (e.g., poor posture, acute strains, poor lifting techniques);~~
- c. ~~Breast pain;~~
- d. ~~Painful kyphosis documented by X-rays;~~
- ~~Pain/discomfort/ulceration/grooving from bra straps cutting into shoulders;~~
- e. ~~Paresthesia of upper extremities due to brachial plexus compression syndrome~~
- e. ~~Intertrigo;~~
- e. ~~Significant discomfort resulting in severe restriction of physical activities;~~
- 4. ~~Physician evaluation has determined all of the following:~~
 - e. ~~Pain is unresponsive to conservative treatment as evidenced by physician documentation of therapeutic measures including at least two of the following:~~
 - ~~Analgesic/non-steroidal anti-inflammatory drugs (NSAIDs);~~
 - ~~Physical therapy/exercise when skeletal pathology is present;~~
 - ~~Supportive devices (e.g., proper bra support, wide bra straps);~~
 - ~~Medically supervised weight loss program;~~
 - ~~Chiropractic care or osteopathic manipulative treatment;~~
 - ~~Orthopedic or spine surgeon evaluation of spinal pain;~~
 - e. ~~The pain is not associated with another diagnosis, e.g. arthritis;~~
 - e. ~~There is a reasonable likelihood that the member's symptoms are primarily due to macromastia;~~
 - e. ~~Reduction mammoplasty is likely to result in improvement of the chronic pain;~~
 - e. ~~Women ≥ 40 years of age are required to have a mammogram that was negative for cancer performed within the year prior to the date of the planned reduction mammoplasty procedure.~~

~~A. Gigantomastia of Pregnancy~~

~~The member has gigantomastia of pregnancy, accompanied by any of the following complications, and delivery is not imminent:~~

- ~~0. Massive infection;~~
- ~~0. Significant hemorrhage;~~
- ~~0. Tissue necrosis with slough;~~
- ~~0. Ulceration of breast tissue.~~

~~II. It is the policy of Louisiana Healthcare Connections that removal of breast implants for purposes other than reconstruction is considered medically necessary for the following indications:~~

- ~~Visible capsular contracture causing pain (Baker Grade IV)~~
- ~~Diagnosed or suspected implant rupture~~
- ~~Local or systemic infection~~
- ~~Siliconoma or granuloma~~
- ~~Implant extrusion~~
- ~~Interference with the diagnosis or treatment of breast cancer~~
- ~~Breast implant-associated anaplastic large cell lymphoma~~

II.V. It is the policy of Louisiana Healthcare Connections that male gynecomastia surgery is considered medically necessary when the criteria in A or B are met:

- A. *Adolescents < 18 years*

Adolescent members with unilateral or bilateral grade II, III, or IV gynecomastia (per Appendix [CA](#)), and meets all of the following:

1. Persists for at least two years after pathological causes are ruled out;
2. Persists without improvement after appropriate treatment for at least six months for any underlying cause, including discontinuation of gynecomastia-inducing drugs and/or substances;
3. Experiences pain and discomfort due to the distention and tightness from the hypertrophied breast(s) that has not responded to medical management.
4. Adult testicular size is attained.

B. Adults ≥ 18 years, meets all of the following:

1. Unilateral or bilateral grade III or IV gynecomastia (per Appendix [AE](#));
2. Glandular breast tissue is the primary cause of the gynecomastia;
3. Persists for at least one year after pathological causes are ruled out;
4. Persists without improvement after appropriate treatment for at least six months for any underlying cause, including appropriate discontinuation of gynecomastia-inducing drugs and/or substances;
5. Experiences pain and discomfort due to the distention and tightness from the hypertrophied breast(s) that has not responded to medical management;
6. Malignancy has been ruled out.

Medical Record Documentation Requirements

Medical records must accompany all requests for reduction mammoplasty procedures. Photographic documentation must be provided, along with detailed documentation supporting the medical necessity of breast reduction, which will include height and weight information. When applicable, there must be documented evidence of conservative therapies attempted in order to substantiate the condition being refractory to treatment.

Background

Reduction mammoplasty is the surgical reduction of breast size. It was originally adopted in medical practice in the 1920s. The surgery was proposed as a means of alleviating physical problems associated with excessive breast size and breast ptosis. Among these problems are pain in the neck, upper and lower back, shoulder, arm, and breast; headaches; paresthesia of the upper extremities; intertrigo (inflammation of skin folds); itching; striae; difficulty exercising; postural changes; inability to find appropriate clothing; bra strap grooving; difficulty sleeping; and psychological illnesses including anxiety and depression. Radiographic evidence of chronic postural changes has also been demonstrated. Reduction mammoplasty is also performed for many patients who request surgery to address breast deformities or asymmetry.

Several procedures are available to accomplish breast reduction. Each procedure has its own unique approach to breast reshaping through various methods of skin incisions and resection patterns. Currently, the two surgical approaches to reduction mammoplasty that are most widely used are the Wise pattern reduction mammoplasty and vertical pattern breast reduction. The Wise pattern reduction mammoplasty is most commonly used in the United States, and the vertical pattern breast reduction is more popular in Europe. Both are pedicle-based procedures, with the Wise pattern scars entirely below the nipple and the vertical pedicle scars above the nipple. A crescent-shaped mass of

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tissue is removed from the inferior portion of each breast, and the skin is resected and sutured. Both grafting and pedicle- based techniques are used in cases where it is necessary to reposition the nipple-areola complex. These procedures seek to preserve the blood and nerve supply to the nipple-areola complex and create a symmetrical and natural appearance, while reducing breast volume and weight. Care is also taken to avoid scars that may be visible when the patient is clothed.

Gynecomastia is the benign proliferation of glandular breast tissue in men. Physiologic gynecomastia is common in newborns, adolescents, and men older than 50 years of age. In newborns and adolescents, it generally resolves spontaneously without intervention. In older men, decreasing free-testosterone levels can contribute to physiologic gynecomastia. However, they are less likely to present for evaluation and treatment than adolescents.

Non-physiologic gynecomastia can occur at any age and can be a result of a medical condition, medication use, or substance abuse. Persistent pubertal gynecomastia is the most common cause of non-physiologic gynecomastia. It generally resolves six months to two years after onset. However, if symptoms persist after two years, or after 17 years of age, further evaluation is needed to determine cause and appropriate treatment. Medications such as antipsychotics, antiretrovirals, and prostate cancer therapies are common triggers, as well as non-prescription drugs such as performance-enhancing supplements and anabolic steroids. Common medical conditions that can cause gynecomastia include Klinefelter's syndrome, adrenal tumors, brain tumors, chronic liver disease, androgen deficiency, endocrine disorders, and testicular tumors.

Appendices

Appendix A

Criteria for distinguishing Tanner stages 1 to 5 in females

Tanner-Stage	Breast	Pubic-Hair
1 (Prepubertal)	No palpable glandular tissue or pigmentation of areola; elevation of areola only	No pubic hair; short, fine vellous hair only
2	Glandular tissue palpable with elevation of breast and areola together as a small mound; areola diameter increased	Sparse, long pigmented terminal hair chiefly along the labia majora
3	Further enlargement without separation of breast and areola; although more darkly pigmented, areola still pale and immature; nipple generally at or above mid-plane of breast tissue when individual is seated upright	Dark, coarse, curly hair, extending sparsely over mons
4	Secondary mound of areola and papilla above breast	Adult-type hair, abundant but limited to mons and labia
5 (Adult)	Recession of areola to contour of breast; development of Montgomery's glands and ducts on the areola; further pigmentation of areola; nipple generally below mid-plane of breast tissue when individual is seated upright; maturation independent of breast size	Adult-type hair in quantity and distribution; spread to inner aspects of the thighs in most racial groups

Appendix B

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Adapted from Schnur Sliding Scale—body surface area and estimated minimum cutoff weight for breast tissue per breast to be removed:

Body Surface Area (m ²)	Weight of tissue to be removed per breast (grams)
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

Body Surface Area (m ²)	Weight of tissue to be removed per breast (grams)
1.85	482
1.90	527
1.95	575
2.00	628
2.05	687
2.15	819
2.20	895
2.25	978
≥ 2.30	1000

Appendix **AC**

Gynecomastia Scale adapted from the McKinney and Simon, Hoffman and Kohn scales:

- I. Grade I: Small breast enlargement with localized button of tissue that is concentrated around the areola
- II. Grade II: Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest
- III. Grade III: Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present
- IV. Grade IV: Marked breast enlargement with skin redundancy and feminization of the breast

Coding Implications

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CPT® Codes	Description
19300	Mastectomy for gynecomastia
19318	Reduction mammoplasty

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
G44.89	Other headache syndrome
G54.0	Brachial plexus disorders
L30.4	Erythema intertrigo

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ICD-10-CM Code	Description
M25.511 - M25.519	Pain in shoulder
M40.00 - M40.05	Postural kyphosis
M40.10 - M40.15	Other secondary kyphosis
M40.202 - M40.205	Unspecified kyphosis
M40.292 - M40.295	Other kyphosis
M54.2	Cervicalgia
M54.9	Dorsalgia, unspecified
N62	Hypertrophy of breast
N64.4	Mastodynia
Q98.4	Klinefelter's syndrome, unspecified

Reviews, Revisions, and Approvals	Date	Approval Date
Converted corporate to local policy.	2/2021	
<u>Replaced Custom Centene criteria I.A and II with LDH criteria I.A-IV. Criteria I.B remained.</u>	<u>11/2021</u>	

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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