MEDICAL POLICY

Excellus
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Medical Policy Title	**Reduction Mammaplasty (Mammoplasty)**
Policy Number	**7.01.39**
Current Effective Date	July 17, 2025
Next Review Date	July 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

Note: This policy does not address reduction mammaplasty for males, refer to InterQual criteria.

POLICY STATEMENT(S)

I. Reduction mammaplasty (also known as reduction mammoplasty or surgical breast reduction) performed to produce symmetrical appearance of the contralateral breast in a patient who has undergone a mastectomy or partial mastectomy (e.g., lumpectomy, segmentectomy, quadrantectomy) is considered **medically appropriate** under Federal and New York State law. (Refer to the Regulatory Section)

II. Reduction mammaplasty is considered **medically appropriate** for the treatment of symptomatic macromastia when **ALL** of the following criteria are met:

   A. Activities of daily living are affected for at least one (1) year, with at least two (2) of the following persistent physical symptoms:

      1. Back, neck, or shoulder pain
      2. Breast pain;
      3. Paresthesia of the hands or arms
      4. Permanent shoulder grooving; **or**
      5. Intertrigo (rash) at the inframammary fold.

   B. The estimated amount of natural breast tissue to be removed per breast meets **ONE (1)** of the following criteria:

      1. Based on the patient's body surface area (BSA), the planned resected weight meets the Schnur Sliding Scale lower 22% for the minimum breast tissue to be removed. (Refer to Policy Guideline III.); **or**
      2. Irrespective of the patient's BSA, the planned resected weight is a minimum of 500 grams of breast tissue per breast, or 1,000 grams bilaterally.

III. Reduction mammaplasty is considered **not medically necessary** for patients whose only symptoms are pendulous breasts, problems with the fitting of clothes, or nipple-areolar distortion.

IV. Reduction mammaplasty in females under age 18 years is generally considered **not medically necessary**, as maturation has not been completed. Maturation of the breasts is completed when

the patient's bra cup size has not changed in the past one (1) year.

RELATED POLICIES

Corporate Medical Policy

7.01.11 Cosmetic and Reconstructive Procedures

10.01.01 Breast Reconstruction Surgery

POLICY GUIDELINE(S)

I. Medical record documentation must include a detailed description of experienced symptoms (including functional impairments and duration of symptoms) the patient's height and weight, and the amount of breast tissue to be removed (in grams). In addition, photographs may be beneficial and may be requested as part of the medical necessity review.

II. Individual consideration for varying statures (e.g., small) will be based upon review by a Health Plan Medical Director, utilizing the patient's medical record in conjunction with the criteria set forth in the policy statements above.

III. The Schnur Sliding Scale is an objective tool that suggests a minimum amount of breast tissue per breast to be removed, based on the patient's body surface area (BSA), for the procedure to be considered medically appropriate. There are several methods to calculate BSA (e.g., Du Bois formula and Mosteller formula). A clinical calculator is available online at: http://www.calculator.net/body-surface-area-calculator.html

IV. A reduction mammaplasty may be considered medically appropriate when the expected removed breast tissue weight meets the 22nd percentile shown below. The surgery may be considered cosmetic when the expected removed breast tissue weight is below the 22nd percentile.

Schnur Sliding Scale Lower 22%	
BSA (in meters squared [m^2])	**Minimum grams of breast tissue to be removed**
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
1.85	482

1.90	527
1.95	575
2.00	628
2.05	687
2.10	750
2.15	819
2.20	895
2.25	978
2.30	1068
2.35	1167
2.40	1275
2.45	1393
2.50	1522
2.55	1662

DESCRIPTION

Female breast hypertrophy, or macromastia, is the development of abnormally large breasts in the female. This condition can cause significant clinical manifestations when the excessive breast weight adversely affects the supporting structures of the shoulders, neck, and trunk. Macromastia is characterized by the presence of persistent, painful physical signs and symptoms (e.g., shoulder grooving, intertrigo, neck and back pain or paresthesia), which may be relieved by reduction mammaplasty surgery. Gigantomastia is a rare condition characterized by excessive breast growth. It may occur spontaneously, during puberty or pregnancy, or while taking certain medications.

A reduction mammaplasty is the surgical excision of a substantial portion of the breast, including the skin and underlying glandular tissue. The goal of medically necessary reduction mammaplasty is to relieve symptoms of pain and disability. The reduction mammaplasty reduces the size, changes the shape, and/or lifts the tissue of the breast.

Tanner Staging, also known as Sexual Maturity Rating (SMR), is a standardized classification system used by providers to assess and document the progression of secondary sex characteristics during puberty. There are three separate scales for the development of external genitalia in males, breasts in females, and pubic hair in both males and females. Tanner Stage 1 corresponds to the pre-pubertal with progression to Tanner Stage 5, the final adult form. The female breast development scale:

- Stage 1: No glandular breast tissue palpable
- Stage 2: Breast bud palpable under the areola (1st pubertal sign in females)
- Stage 3: Breast tissue palpable outside areola; no areolar development
- Stage 4: Areola elevated above the contour of the breast, forming a "double scoop" appearance

- Stage 5: The areolar mound recedes into a single breast contour with areolar hyperpigmentation, papillae development, and nipple protrusion

SUPPORTIVE LITERATURE

Reduction mammaplasty is generally performed to relieve symptoms related to the heaviness and size of the breasts. Studies have shown that a significant number of women undergoing bilateral breast reduction experience postoperative improvement of chronic neck, back, and shoulder pain. Additional benefits include improvements in breathing, sleep, headaches, and psychological outcomes (e.g., self-esteem, sexual function, and quality of life), as well as increased participation in exercise programs, as well as other physical and social activities (Iwuagwu 2006, Singh and Losken 2012, Hernanz 2016, Torresetti 2022).

The Schnur Sliding Scale (Schnur 1991) is an objective evaluation method used by physicians to evaluate individuals considering breast reduction surgery. It was created in response to call from health care insurance companies for medical literature distinguishing between cosmetic and medical necessity. Schnur and colleagues (1991) concluded that if the individual's body surface area and weight of breast tissue removed fall above the 22nd percentile, then the surgery is considered medically necessary with the appropriate criteria. If the individual's body surface area and weight of breast tissue removed fall below the lower 22nd percentile, then the surgery is deemed not medically necessary.

Kerrigan and colleagues (2002) conducted the Breast Reduction: Assessment of Value and Outcomes (BRAVO) study to assess the existing prediction rules for reduction mammaplasty eligibility. The authors reported that neither the Schnur sliding scale, nor the 500-gram minimum rule, was able to successfully predict which group of women would gain greater improvement from surgery.

Lin et al (2021) conducted a systematic review of 7 RCTs (N=285) comparing reduction mammaplasty with a control intervention (nonoperation or physiotherapy exercises) for the treatment of breast hypertrophy. Four RCTs were included in meta-analyses reporting on change in pain, physical function, and psychological function after interventions. Statistically significant improvements were found in pain ($p<.00001$), physical function ($p<.00001$), and psychological function ($p<.00001$) after mammaplasty compared to the control intervention. The authors concluded that mammaplasty had a positive and significant effect on health-related quality of life, including pain, physical, and psychological functioning, in individuals with breast hypertrophy.

PROFESSIONAL GUIDELINE(S)

The American College of Obstetricians and Gynecologists issued a committee opinion in 2017 (reaffirmed in 2020 and 2024) acknowledging that breast reduction surgery in adolescents with large breasts can relieve back, shoulder, and neck pain.

- Adolescent Recommendations: timing of surgery include postponing surgery until breast maturity is reached, waiting until there is stability in cup size over 6 months, and waiting until the age of 18 years. Although there is no one consensus on timing, it may reasonably be determined by the severity of symptoms.

In 2022, the American Society of Plastic Surgeons (ASPS) issued a revised guideline through a multidisciplinary workgroup consisting of the American Society of Plastic Surgeons, the American Society of Breast Surgeons, the American Physical Therapy Association (Perdikis 2022).

- Strong recommendation that post-menarche female patients presenting with breast hypertrophy should be offered reduction mammaplasty surgery as first-line therapy over nonoperative therapy based solely on the presence of multiple symptoms rather than resection weight. Indicating that reduction mammaplasty is considered standard of care for symptomatic patients, even without documentation of symptoms for a significant length of time.

The ASPS 2022 guideline acknowledged that numerous studies, including the BRAVO study (Kerrigan 2002), have demonstrated the lack of correlation between the amount of resected weight and symptomatic relief. The society reported evidence demonstrating that resection weight does not accurately predict patient-oriented outcomes such as alleviation of pain and related symptoms; therefore, the recommendation is that resected weight should not be the primary determinant of medical necessity.

REGULATORY STATUS

The Women's Health and Cancer Rights Act of 1998 (WHCRA), is a federal law that mandates coverage of all stages of reconstructive surgery (including surgery and reconstruction of other breast to produce symmetrical appearance, prosthesis, and treatment of complications following mastectomy) for all group health plans, whether insured or self-funded, that provide medical and surgical benefits, including for mastectomies.

New York State Consolidated Insurance (ISC) Laws mandate coverage for surgery and reconstruction of the contralateral breast or chest wall to produce a symmetrical appearance after a mastectomy or partial mastectomy; in the manner determined by the attending physician and the patient to be appropriate.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
19318	Breast reduction

HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

American College of Obstetricians and Gynecologists [Internet]. Breast and labial surgery in adolescents. Committee Opinion No. 686. Obstet Gyneco. 2017 Jan [reaffirmed 2024; accessed 2025 Jun 18]. Available from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/01/breast-and-labial-surgery-in-adolescents.

American Society of Plastic Surgeons [Internet]. ASPS recommended insurance coverage criteria criteria. Reduction mammaplasty. 2011 May [updated and reaffirmed 2021 Mar; accessed 2025 Jun 18]. Available from: https://www.plasticsurgery.org/for-medical-professionals/health-policy/recommended-insurance-coverage-criteria

Hernanz F, 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): e168-73.

Hudson AS, et al. Reduction mammaplasty for macromastia in adolescents: A systematic review and pooled analysis. Plast Reconstr Surg. 2021 Jul 1;148(1):31-43.

Iwuagwu OC, 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.

Kerrigan CL, et al. Reduction mammaplasty: defining medical necessity. MedDecis Making. 2002;22(3):208-17.

Lin Y, 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.

Lonie S, Sachs R, et al., A systematic review of patient reported outcome measures for women with macromastia who have undergone breast reduction surgery. Gland Surg. 2019;8(4):431-440.

New York State Consolidated Insurance (ISC) Laws [Internet]. Chapter 28, Article 32. Policy provisions. Section § 3216 (18) (A). 2025 Feb 28 [accessed 2025 Jun 18] Available from: https://www.nysenate.gov/legislation/laws/ISC/3216]

New York State Consolidated Insurance (ISC) Laws [Internet]. Chapter 28, Article 32. Standard provisions. Section § 3221 (10) (A)(ii). 2025 Feb 21 [accessed 2025 Jun 18] Available from: https://www.nysenate.gov/legislation/laws/ISC/3221

New York State Consolidated Insurance (ISC) Laws [Internet]. Chapter 28, Article 43. Benefits. Section § 4303 (x)(1)(B). 2025 Feb 21 [accessed 2025 Jun 18] Available from: https://www.nysenate.gov/legislation/laws/ISC/4303]

Noone RB. An evidence-based approach to reduction mammaplasty. Plast Reconstr Surg 2010 Dec;126(6):2171-6.

Nuzzi, L.C., et al. Complications and quality of life following reduction mammaplasty in adolescents and young women. Plastic and Reconstructive Surgery. 2019;144(3): 572-581.

Perdikis G et al. American Society of Plastic Surgeons evidence-based clinical practice guideline revision: reduction mammaplasty. Plast and Recon Surg. 2022 Mar;149(3):392e-409e.

Schnur PL, et al. Reduction mammaplasty: cosmetic or reconstructive procedure? Ann Plast Surg 1991 Sep;27(3):232-7.

Schnur PL, et al. Reduction mammoplasty: an outcome study. Plast Reconstr Surg 1997 Sep;100(4):875-83.

Singh KA, Losken A. Additional benefits of reduction mammaplasty: a systematic review of the literature. Plast Reconstr Surg. 2012 Mar;129(3):562-570.

Torresetti M, et al. The effects of breast reduction on pulmonary functions: A systematic review. J Plast Reconstr Aesthet Surg. Dec 2022; 75(12): 4335-4346. PMID 36229312

U.S. Department of Labor [Internet]. Women's Health and Cancer Rights Act. 1998 Oct 21 [accessed 2025 Jun 18]. Available from: https://www.dol.gov/general/topic/health-plans/womens

Wirthmann AE, et al. Reduction mammoplasty in adolescents and elderly: A ten-year case series analyzing age related outcome with focus on safety and complications. J Plast Reconstr Aesthet Surg. 2018;71(3):377-383.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Breast Reconstruction Following Mastectomy (NCD 140.2) [accessed 2025 Jun 18]

Reduction Mammaplasty (LCD L35001) [accessed 2025 Jun 18]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.

- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
09/16/99, 01/04/01, 05/23/02, 10/02/02, 12/11/03, 12/02/04, 02/23/06, 02/22/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17, 08/23/18, 08/22/19, 08/27/20, 08/19/21, 08/18/22, 07/20/23, 07/18/24, 07/17/25	
Date	**Summary of Changes**
07/17/25	• Annual review, reduced the required duration of persistent physical symptoms and the required duration of unchanged bra cup size.
01/01/25	• Summary of changes tracking implemented.
09/16/99	• Original effective date