02-12000-11

Original Effective Date: 04/17/00

Reviewed: 08/28/25

Revised: 09/15/25

Subject: Reduction Mammaplasty

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Reduction mammaplasty (mammoplasty) is the surgical procedure, which reduces the size of the breast, by the removal of wedges of skin and breast tissue.

Summary and Analysis of Evidence: The evidence for reduction mammaplasty includes systematic reviews, randomized controlled trials, cohort studies, and prospective studies. Studies indicate that reduction mammaplasty was associated with improvements in health-related quality of life and breast-related symptoms (Collins 2002, Nuzzi 2017, Saariniemi 2008).

The use of liposuction, as the primary surgical procedure for breast reduction, there is insufficient clinical evidence to support the use of liposuction as the sole procedure for reduction mammaplasty or breast reduction (Abbound 2021, Habbema 2009, Kadhum 2024, Sadove 2005).

POSITION STATEMENT:

Reduction mammaplasty for symptomatic breast hypertrophy (macromastia) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

- A minimum 6-week history of **AT LEAST TWO OF THE FOLLOWING** that are unresponsive to conservative therapy (e.g., support bra, wide bra straps, analgesia, non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, exercises, heat treatment, cold treatment):
  - – Back pain
  - – Neck pain
  - – Shoulder pain

– Paresthesias of hands or arms

– Headache

– Intertrigo

– Shoulder grooving from brassiere (bra) straps

AND

- Grams of breast tissue planned to be removed from each breast is at or above the 22nd percentile on the Schnur Sliding Scale, based on the individual's body surface area (BSA) using the Mosteller formula (see Schnur Sliding Scale Table in the **REIMBURSEMENT INFORMATION**).

Note: If breast tissue removed was less than planned, the physician may be asked to provide a letter of explanation to be reviewed by Medical Director for medical necessity.

Reduction mammaplasty performed to achieve symmetry on a non-disease and contralateral breast following a mastectomy **meets the definition of medical necessity**.

Reduction mammaplasty performed to achieve symmetry following lumpectomy or radiation therapy for breast cancer **may meet the definition of medical necessity** to improve or restore function or correct a deformity that resulted from these treatments.

Liposuction (lipectomy) as an adjunct for breast reduction is included in the primary surgical procedure (reduction mammaplasty).

For required documentation, refer to the **REIMBURSEMENT INFORMATION** section of this guideline.

Reduction mammaplasty **does not meet the definition of medical necessity** when the above criteria are not met, when performed for cosmetic purposes or for the correction of deformities resulting from previous cosmetic surgery.

Liposuction as the sole procedure for reduction mammaplasty or breast reduction is considered **experimental or investigational** as there is insufficient clinical evidence to support the use of liposuction as the sole procedure for reduction mammaplasty or breast reduction. There is limited published clinical data evaluating the effectiveness and long-term results of liposuction as a sole procedure for breast reduction to the standard surgical approach.

Reduction mammaplasty is considered **experimental or investigational** for all other indications. The evidence is insufficient to determine the effects of reduction mammaplasty on het health outcome.

BILLING/CODING INFORMATION:

CPT Coding:

19318	Reduction mammaplasty

REIMBURSEMENT INFORMATION:

Required Documentation

The primary treating physician **MUST** submit the following information for the member:

- Symptoms and duration
- Height and weight
- Statement of anticipated amount of breast tissue to be removed per breast based upon body surface area in meters squared
- Documentation of conservative therapy and response (e.g., support bra, wide bra straps, analgesia, non-steroidal anti-inflammatory drugs (NSAID), physical therapy, exercises, heat treatment, cold treatment).

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician visit notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician Initial Assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Perioperative records	29752-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

NOTE: Photographs are not required with the initial review. Photographs should be maintained as part of the medical record. Florida Blue may request photos as part of the review process.

Calculation of Body Surface Area (BSA) (Mosteller Formula)*.

To calculate body surface area (BSA), use the following calculation:

BSA= the square root of height in centimeters (cm) x weight in kilograms (kg) divided by 3600

BSA (m^2) = (Height (cm) x Weight (kg) / 3600)½

BSA= the square root of height in inches (in) x weight in pounds (lb) divided by 3131

BSA (m^2) = (Height (in) x Weight (lbs) / 3131)½

To convert inches (in) to centimeters (cm), multiply inches (in) by 2.54

To convert pounds (lb) to kilograms (kg), multiply pounds (lb) by 0.45

***Note:** See https://www.mdcalc.com/calc/29/body-mass-index-bmi-body-surface-area-bsa for an online version of this formula **(Mosteller Formula)**. This on-line BSA calculator is based on calculations with the given height and weight performed using the calculator on mdcalc.com. The link for this on-line BSA calculator is to an outside source and is provided for your convenience only; the actual BSA calculation formula will prevail over the calculator output on mdcalc.com. Use of the link and related calculator is subject to the terms and conditions of mdcalc.com and is not warranted, maintained or affiliated with Florida Blue. BSA calculations must be confirmed before use.

Schnur Sliding Scale

The Schnur Sliding Scale Table is used to determine breast tissue removal per gram relative to a woman's body surface area.

Minimum amount of breast tissue removed per breast in grams:	
Body Surface Area (in meters squared--m2)	**22% Percentile Breast Tissue in 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
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

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Reduction Mammaplasty, (L38914) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request

DEFINITIONS:

Contralateral: pertaining to or affecting the opposite side.

Hypertrophy: enlargement or overgrowth of an organ or part due to an increase in size of its cells.

Intertrigo: superficial dermatitis occurring on adjacent skin surfaces (e.g., breast fold).

Paresthesia: an abnormal sensation (e.g., burning, pricking, tingling).

Schnur Sliding Scale: a method used to determine breast tissue removal per gram relative to a woman's body surface area.

RELATED GUIDELINES:

Prophylactic Mastectomy, 02-12000-15

OTHER:

Other terms used to report mammaplasty:

Breast reduction surgery
Reduction Mammoplasty

REFERENCES:

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3. American Society of Plastic Surgeons Evidenced-based Clinical Practice Guideline: Reduction Mammaplasty, 2011.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/28/25.

GUIDELINE UPDATE INFORMATION:

04/17/00	Medical Coverage Guideline developed.
03/15/02	MCG reviewed – references updated.
01/15/04	Added program exception for Medicare & More; covered diagnoses. Added diagnosis code 737.0 and V10.3 to billing and coding information section.
06/15/04	Scheduled review. Added reference for InterQual Criteria (2003) for female and male. Added cross-reference for prophylactic mastectomy. Updated references.
06/15/05	Scheduled review. No change in coverage statement. Revised program exceptions. Updated references and related internet links.
10/15/05	Added statement at the end of the WHEN SERVICES ARE COVERED section, referencing the REIMBURSEMENT INFORMATION section for required documentation. Deleted ICD-9 diagnoses codes and added a statement referencing the WHEN SERVICES ARE COVERED and REIMBURSEMENT INFORMATION sections.
05/15/06	Deleted the requirement for submission of photographs from the reimbursement information section. Update references.
07/15/06	Added note regarding maintaining photos as part of the medical record.
01/01/07	Added coverage statement for liposuction for breast reduction. Updated references.
06/15/07	Reformatted guideline.
08/15/07	Annual review; coverage statements maintained, Medicare Advantage section updated, references updated.
11/15/08	Annual review. No change in position statements. Updated references.
10/15/09	Annual review. Maintain position statements. Updated references.
05/15/10	Revised description. Revised position statement; expand medical necessity criteria. Deleted related Internet links. Updated references.
07/01/10	Updated Calculation of Body Surface Area (BSA).

07/15/10	Added requirement for Certificate of Medical Necessity (CMN) and link to CMN form.
09/15/10	Revision to guideline; consisting of formatting changes.
05/15/11	Scheduled review; maintain position statements. Updated references.
07/01/11	Revision; formatting changes.
07/15/12	Revised criteria for clarity regarding the Schnur Sliding Scale; deleted 5% from Schnur Sliding Scale Table. Add link for on-line body surface area calculation. Delete Medicare ICD-9 codes.
09/15/13	Scheduled review; added statement clarifying breast tissue removal. Updated Medicare Advantage program exception and references.
10/15/14	Scheduled review; maintain position statements. Updated references.
10/15/15	Scheduled review; maintain position statements. Updated references.
08/15/17	Review; no change in position statement. Updated references.
02/15/18	Revision; format change.
03/15/19	Review; no change in position statement. Add statement for all other indications (considered experimental or investigational). Updated references.
07/15/20	Review/update. Added statement for reduction mammaplasty performed to achieve symmetry following lumpectomy or radiation therapy for breast cancer. Changed mammoplasty to mammaplasty. Updated references.
09/15/22	Review; no change to position statement. Updated references
05/23/23	Update to Program Exceptions section.
09/15/24	Review; no change to position statement. Updated references.
09/15/25	Review; no change to position statement. Updated references.