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.

Policy/Criteria
I. It is the policy of Pennsylvania Health and Wellness® (PHW) 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); and
      2. 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; and
      3. Member has at least two (2) of the following persistent symptoms, affecting activities of daily living for at least one year:
         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;
         e. Pain/discomfort/ulceration/grooving from bra straps cutting into shoulders;
         f. Paresthesia of upper extremities due to brachial plexus compression syndrome;
         g. Intertrigo;
         h. Significant discomfort resulting in severe restriction of physical activities; and
      4. Member has undergone an evaluation by a physician who has determined that all of the following criteria are met:
         a. Pain is unresponsive to conservative treatment as evidenced by physician documentation of therapeutic measures including at least two of the following:
            i. Analgesic/non-steroidal anti-inflammatory drugs (NSAIDs);
            ii. Physical therapy/exercise when skeletal pathology is present;
            iii. Supportive devices (e.g., proper bra support, wide bra straps);
            iv. Medically supervised weight loss program;
            v. Orthopedic or spine surgeon evaluation of spinal pain; and
         b. The pain is not associated with another diagnosis, e.g. arthritis; and
         c. There is a reasonable likelihood that the member’s symptoms are primarily due to macromastia; and
         d. Reduction mammoplasty is likely to result in improvement of the chronic pain; and
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.

B. Gigantomastia of Pregnancy
The member has gigantomastia of pregnancy, accompanied by any of the following complications, and delivery is not imminent:
1. Massive infection; or
2. Significant hemorrhage; or
3. Tissue necrosis with slough; or
4. Ulceration of breast tissue.

II. It is the policy of PHW 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 C), and meets all of the following:
1. Persists for at least two years after pathological causes are ruled out; and
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; and
3. Experiences pain and discomfort due to the distention and tightness from the hypertrophied breast(s) that has not responded to medical management.

B. Adults ≥18 years
1. Unilateral or bilateral grade III or IV gynecomastia (per Appendix B); and
2. Glandular breast tissue is the primary cause of the gynecomastia; and
3. Persists for at least one year after pathological causes are ruled out; and
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; and
5. Experiences pain and discomfort due to the distention and tightness from the hypertrophied breast(s) that has not responded to medical management; and
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
Criteria for distinguishing T
Appendix A
Appendices
disease, androgen deficiency, endocrine disorders, and testicular tumors.
causation of gynecomastia include Klinefelter's syndrome, adrenal tumors, brain tumors, chromosomal abnormalities, and certain medications. 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 androgens can contribute to gynecomastia. Persistent pubertal gynecomastia is the most common cause of gynecomastia. 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

<table>
<thead>
<tr>
<th>Tanner Stage</th>
<th>Breast</th>
<th>Pubic Hair</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Prepubertal)</td>
<td>No palpable glandular tissue or pigmentation of areola; elevation of areola only</td>
<td>No pubic hair; short, fine vellus hair only</td>
</tr>
<tr>
<td>2</td>
<td>Glandular tissue palpable with elevation of breast and areola together as a small mound; areola diameter increased</td>
<td>Sparse, long pigmented terminal hair chiefly along the labia majora</td>
</tr>
<tr>
<td>3</td>
<td>Further enlargement without separation of</td>
<td>Dark, coarse, curly hair,</td>
</tr>
</tbody>
</table>
**APPENDIX B**
Adapted from Schnur Sliding Scale – body surface area and estimated minimum cutoff weight for breast tissue per breast to be removed.

<table>
<thead>
<tr>
<th>Body Surface Area (m²)</th>
<th>Weight of tissue to be removed per breast (grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.35</td>
<td>199</td>
</tr>
<tr>
<td>1.40</td>
<td>218</td>
</tr>
<tr>
<td>1.45</td>
<td>238</td>
</tr>
<tr>
<td>1.50</td>
<td>260</td>
</tr>
<tr>
<td>1.55</td>
<td>284</td>
</tr>
<tr>
<td>1.60</td>
<td>310</td>
</tr>
<tr>
<td>1.65</td>
<td>338</td>
</tr>
<tr>
<td>1.70</td>
<td>370</td>
</tr>
<tr>
<td>1.75</td>
<td>404</td>
</tr>
<tr>
<td>1.80</td>
<td>441</td>
</tr>
</tbody>
</table>

**APPENDIX C**
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**
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2017, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. The following codes are for informational purposes...
**Clinical Policy**

**Reduction Mammaplasty and Gynecomastia Surgery**

Only. They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19300</td>
<td>Mastectomy for gynecomastia</td>
</tr>
<tr>
<td>19318</td>
<td>Reduction mammaplasty</td>
</tr>
</tbody>
</table>

*CPT Copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G44.89</td>
<td>Other headache syndrome</td>
</tr>
<tr>
<td>G54.0</td>
<td>Brachial plexus disorders</td>
</tr>
<tr>
<td>L30.4</td>
<td>Erythema intertrigo</td>
</tr>
<tr>
<td>M25.511 - M25.519</td>
<td>Pain in shoulder</td>
</tr>
<tr>
<td>M40.00 - M40.05</td>
<td>Postural kyphosis</td>
</tr>
<tr>
<td>M40.10 - M40.15</td>
<td>Other secondary kyphosis</td>
</tr>
<tr>
<td>M40.202 - M40.205</td>
<td>Unspecified kyphosis</td>
</tr>
<tr>
<td>M40.292 - M42.295</td>
<td>Other kyphosis</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M54.9</td>
<td>Dorsalgia, unspecified</td>
</tr>
<tr>
<td>N62</td>
<td>Hypertrophy of breast</td>
</tr>
<tr>
<td>N64.4</td>
<td>Mastodynia</td>
</tr>
<tr>
<td>Q98.4</td>
<td>Klinefelter’s syndrome, unspecified</td>
</tr>
</tbody>
</table>

**Reviews, Revisions, and Approvals**

<table>
<thead>
<tr>
<th>Date</th>
<th>Approval Date</th>
</tr>
</thead>
</table>

**References**


