Clinical Policy: Reduction Mammoplasty and Gynecomastia Surgery

Reference Number: LA.CP.MP.51c Coding Implications
Date of Last Revision: 1/23 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 to reduce the weight, mass, and size of the breast in those with a female reproductive system.[1-2] Gynecomastia surgery is the surgical correction of over-developed or enlarged breasts in those with a male reproductive system.[3]

When the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast, reduction mammaplasty 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 is **medically necessary** when the criteria in A or B below are met:

A. *Macromastia*, all of the following*:*

1. One of the following:
   a. Member/enrollee is ≥ 18 years of age;
   b. Member/enrollee is < 18 years of age and both of the following:
      i. Tanner stage V of Tanner staging of sexual maturity (See Appendix A for Tanner Staging);
      ii. No breast growth equivalent to a change in cup size for at least six months;
2. The estimated amount of breast tissue to be removed meets the minimum weight requirement based on the member/enrollee's body surface area (BSA) per Appendix B, adapted from the Schnur Sliding Scale.
   Note: 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. If the weight of resected tissue falls below the 22nd percentile of weight to be removed per BSA (the minimum cutoff in the Schnur Sliding Scale in Appendix B), a medical director will review the request on a case-by-case basis;
3. Member/enrollee has at least two of the following symptoms for at least a 12-week duration:
   1. Chronic breast pain;
   2. Headache;
   a. Neck, shoulder, or back pain;
   b. Shoulder grooving from bra straps;
4. Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area;
   3. Thoracic kyphosis;

4. Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management;
5. Congenital breast deformity;
6. There is a reasonable likelihood that the member/enrollee's symptoms are primarily due to macromastia; and
7. The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms.

B. *Gigantomastia of Pregnancy*
1. Member/enrollee has gigantomastia of pregnancy, accompanied by *any* of the following complications, and delivery is not imminent:
   a. Massive infection;
   b. Significant hemorrhage;
   c. Tissue necrosis with slough;
   d. Ulceration of breast tissue;
   e. Intertriginous maceration or infection of the inframammary skin refractory to dermatologic measures.

II. It is the policy of Louisiana Healthcare Connections that gynecomastia surgery is considered **medically necessary** when the criteria in A or B are met:
A. *Adolescents < 18 years of age*, all of the following:
1. One of the following:
   a. Gynecomastia persists more than one year after pathological causes are ruled out in adolescents with unilateral or bilateral grade II or III gynecomastia (per Appendix C);
   b. Gynecomastia persists more than six months after pathological causes are ruled out in adolescents with unilateral or bilateral grade IV gynecomastia (per Appendix C);
2. Persists without improvement after appropriate treatment for at least six months for any underlying cause, as applicable, including discontinuation of gynecomastia-inducing drugs and/or substances;
3. Presence of pain and discomfort due to distention and tightness of the hypertrophied breast(s) that has not responded to medical management;
4. Adult testicular size is attained;

B. *Adults ≥ 18 years of age*, all of the following:
1. Unilateral or bilateral grade III or IV gynecomastia (per Appendix C);
2. Glandular breast tissue is the primary cause of the gynecomastia;
3. Persists for more than three months after pathological causes are ruled out;
4. Persists without improvement after appropriate treatment for at least six months for any underlying cause, as applicable, including appropriate discontinuation of gynecomastia-inducing drugs and/or substances;
5. Presence of pain and discomfort due to distention and tightness of the hypertrophied breast(s) that has not responded to medical management.

Medical Record Documentation Requirements
Medical records must accompany all requests for reduction mammoplasty and gynecomastia procedures, along with detailed documentation supporting the medical necessity of breast reduction, which should include height and weight information. When applicable, there must be documented

evidence of conservative therapies attempted to substantiate that the condition is refractory to treatment. Photographic documentation may be requested to support written documentation.[4-5]

Background

Reduction mammoplasty is the surgical reduction of breast size. It was originally adopted in medical practice in the 1920s.[6] 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.[1,7]

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 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 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.[1,7]

Gestational gigantomastia is a rare clinical condition, characterized by rapid and disproportionate enlargement of the breasts during pregnancy. Patients present with massive enlargement of the breasts accompanied by possible thinning of the skin, tissue necrosis, infection, and hemorrhage. Treatment methods include medical therapy and surgery. When conservative treatment is ineffective or patients present with complications, (e.g., massive hemorrhage, ulceration, or breast necrosis), a surgical approach is indicated. Currently available surgical interventions are either breast reduction or mastectomy with delayed reconstruction.[8]

Gynecomastia is the benign proliferation of glandular breast tissue in those with a male reproductive system.[5,9-10] Physiologic gynecomastia is common in newborns, adolescents, and those older than 50 years of age.[9] In newborns and adolescents, it generally resolves spontaneously without intervention.[10] In the older age group, decreasing free-testosterone levels can contribute to physiologic gynecomastia. However, this older age group is less likely to present for evaluation and treatment than adolescents.[9-10]

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.[3,9-10]

Appendices

Appendix A

Criteria for distinguishing Tanner stages 1 to 5 in those with a female reproductive system[11]:

Tanner Stage	Breast	Pubic Hair
1 (Prepubertal)	No palpable glandular tissue or pigmentation of areola; elevation of areola only	No pubic hair; short, fine villus 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

Adapted from Schnur Sliding Scale – body surface area and estimated minimum cutoff weight for breast tissue per breast to be removed[12]:

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 C

Gynecomastia Scale adapted from the McKinney and Simon, Hoffman and Kohn scales[5]:

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	Breast reduction

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	2/2021	
Replaced Custom Centene criteria I.A and II with LDH criteria I.A-IV. Criteria I.B remained.	11/2021	3/26/22
Changed “women” “ and “men” to those with a female reproductive system and those with a male reproductive system respectively, added additional criteria under I, section B. “5.Intertriginous maceration or infection of the inframammary skin refractory to medical management. References reviewed and updated.	10/22	1/14/23
Changed Last Revision Date to Date of Last Revision in header. Added Revision to Date in revision log. In Policy/Criteria section, added criteria for Macromastia with 3 criteria. Removed sections II removal of breast implants, III mastectomy, IV reconstructive breast surgery. Removed “male” in gynecomastia surgery. Changed references to correct Appendix. Updated background to remove “men” and replace to those with a male reproductive system. Added Appendix A Criteria for distinguishing Tanner stages and Appendix B schnur Sliding Scale	1/23	4/10/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Criteria I.A.1. updated for criteria for members/enrollees ≥ 18 years of age and members/enrollees < 18 years of age. Criteria I.A.2. updated to include note regarding medical director review on case-by-case basis when weight of tissue to be resected is less than the 22nd percentile minimum based on the Schnur Sliding Scale. Criteria II.A.1. updated to align with ASPS guidance regarding length of time gynecomastia persists in adolescents < 18 years. Criteria II.B.3. updated to align with ASPS guidance for length of time gynecomastia persists in adults ≥ 18 years. Removed Criteria II.B.6. regarding malignancy being ruled out. Minor rewording in background with no impact on criteria. ICD-10 codes removed. References reviewed and updated. Reviewed by internal specialist and external specialist.	8/23	10/30/23

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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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