



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Breast Reduction (Mammoplasty) Surgery**

NOTICE: Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) provide these Clinical Review Criteria for internal use by their members and health care providers. The Clinical Review Criteria only apply to Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Use of the Clinical Review Criteria or any Kaiser Permanente entity name, logo, trade name, trademark, or service mark for marketing or publicity purposes, including on any website, or in any press release or promotional material, is strictly prohibited.

Kaiser Permanente Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change any or all of these Clinical Review Criteria, at Kaiser Permanente's sole discretion, at any time, with or without notice. **Member contracts differ in health plan benefits. Always consult the patient's Evidence of Coverage or call Kaiser Permanente Member Services at 1-888-901-4636 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. to determine coverage for a specific medical service.**

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	Medicare Benefit Policy Manual Chapter 16 120 Cosmetic Surgery.
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	Plastic Surgery (L37020)
Local Coverage Article	Billing and Coding: Plastic Surgery (A57222)

For Non-Medicare Members

Kaiser Permanente has elected to use the Reduction Mammoplasty (Mammoplasty) (KP-0274 v2) MCG* for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

*The MCG are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist (primary care physician)
- Physical Therapy notes if applicable
- Plastic surgery consultation
- Most recent height & weight

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Reduction mammoplasty surgery is a covered benefit under Kaiser Permanente benefit packages when it is determined to be for medical rather than cosmetic reasons. This benefit was added by Kaiser Permanente on 11/1/83. Over the years several modifications have been made to the criteria. The main purpose of the criteria is to differentiate cosmetic from medical indications for the procedure.

Evidence and Source Documents

10/2012

Baasch M, Nielsen SF, Engholm G, Lund K Breast cancer incidence subsequent to surgical reduction of female breast. Br J Cancer April 1990; 73 (7): 961-961 1240 patients w surgical intervention for breast hypertrophy.

Followed between 1943 and 1971. 32 cases of cancer identified by 1990. Expected number was 52.55 yielding a relative risk factor (RR) of 0.61. The greatest reduction was seen in women who had 600 or more grams or more of breast tissue. In the group who had the operation before the age of 20, 4 cases of breast cancer developed, compared to the expected 2.23, to give an RR of 1.79.

Dabbah A, Lehman J, Parker M, Tantri D, Wagner D Reduction Mammoplasty: An outcome analysis. Ann of P Surg October 1995; 35(4): 337-341

Survey of 285 consecutive female patients who had reduction mammoplasty between 1988 - 1993. Also, Chart reviews were conducted. Mean age was 40 and average follow-up was 37 months. 185 returned completed surveys and were included in the analysis. The most common complaints were: shoulder grooving (90%), back pain (82%), shoulder pain (78%), and neck pain (65%). The average amount of breast tissue removed was 855 gm from each breast (range 148 - 3,717 gm total). Most patients (97%) had improvement of symptoms. No statistically significant difference between obese and non-obese patients in outcomes or symptom relief and put into question the use of weight guidelines or bra-cup size reduction validation. The amount of breast tissue removed did not alter the outcome of surgery or relief of symptoms. The amount of breast tissue removed to relieve symptoms will vary with height, weight and bra-cup size for each patient. This puts into question the requirement of a maximum amount of breast tissue to be removed. Increase in complications when greater than 1,000 gm was removed from each breast. Overall patient satisfaction was high (95%, happy or very happy).

McMahan JD, Wolfe JA, Cromer BA, Ruberg RL. Lasting success in teenage reduction mammoplasty. Ann of P Surg September 1995; 35(3): 227-231 86 female patients less than 20 years of age. 48 contacted and returned questionnaire. Primary questions were: does the breast tissue grow back, what are the effects of future pregnancies and weight gain and do the potential consequences of surgery overshadow the early pain relief. Patient age range:15 - 19.9. Average range of follow-up was 5.9 yr (range 1.4-20.4). 72% reported regrowth of tissue. 11 patients had been pregnant since their surgery: 5 did not breast feed, 3 were unable to and 2 were still pregnant. The greatest improvements were seen in their presurgical symptoms, ability to increase their physical activity, and improvement in their self -esteem. None seemed to have problems with sexual pleasure from their breasts.

Davis GM, Ringler SL, Short K, Sherrick d, Bengtson BP. Reduction Mammoplasty: Long-term efficacy, morbidity and patient satisfaction Plast Recon Surg 96: 1106-1110 780 female patients who had reduction mammoplasties between 1981 and 1992. 406 responded to a retrospective questionnaire. The mean age was 38yr. Follow-up average 4.7 yr. 60% of the study population was 5-10 kg over their ideal body weight as determined by the Metropolitan Life Insurance Company Statistical Bulletin (1985). Average reduction was 676 gram per breast (range 120-4200 gm). Conclusion was that women found that their preoperative symptoms were corrected by the surgery. Major complications are uncommon. Minor complications (50% of the women) are tolerated by the women. Thirty-seven women became pregnant following their operation. Of this population 68 % (25) successfully breast-fed their infants. Patients who lost nipple sensitivity were most likely to be dissatisfied with the procedure. Seitchik MW. Reduction Mammoplasty: Criteria for insurance coverage. Plast Recon Surg May 1995: 1029-1032 The guidelines by which insurer determine eligibility for coverage of reduction mammoplasty must rely largely on subjective materials: reported patient symptoms, interpretation of photographs, determination of the amount of breast mass to be removed surgically. The author has attempted to find relationships between body weight and resected specimen weight that may be more objective.

100 consecutive reduction mammoplasties beginning 1991 recorded pre-op weight and height. The weight of resected breast tissue was obtained in the OR. Reduction planned for 46 to 70 kg body weight bra size of mid-B to small C. Above 70kg sizes ranged to a small D. Follow-up questionnaire 6 months postoperative. Based on his analysis he was unable to develop a model which would accurately predict preoperatively the amount of breast mass required to be removed to achieve the target bra size. He also felt that insurance company excise breast weight to determine eligibility for coverage was arbitrary.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® Codes	Description
19318	Breast reduction

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Date Created	Date Reviewed	Date Last Revised
09/26/1996	04/06/2010 ^{MDCRPC} , 02/10/2011 ^{MDCRPC} , 12/06/2011 ^{MDCRPC} , 02/7/2012 ^{MDCRPC} , 12/04/2012 ^{MDCRPC} , 10/01/2013 ^{MPC} , 07/01/2014 ^{MPC} , 05/05/2015 ^{MPC} , 03/01/2016 ^{MPC} , 11/07/2017 ^{MPC} , 09/04/2018 ^{MPC} , 09/03/2019 ^{MPC} , 09/01/2020 ^{MPC} , 09/07/2021 ^{MPC} , 09/06/2022 ^{MPC} , 09/05/2023 ^{MPC}	07/07//2020

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description
09/08/2015	Revised LCD Local Coverage Determination (LCD): Non-Covered Services L34886 and L35008
12/19/2017	Added LCD L37020
04/07/2020	MPC approved to adopt updates to the clinical indications for Non-Medicare (KP-0274 MCG*): •Added under 'Age 18* or greater' : Younger patients can be approved on a case by case basis, with documentation from the surgeon as to the patient's appropriateness, including confirmation of full physical maturity and full understanding by the patient and her guardians as to the full nature of the surgery
07/07/2020	MPC approved to adopt updates to the clinical indications for Non-Medicare (KP-0274 MCG*-see KP-0274 v2 eff 12/01/2020), including specificity for BMI parameters and the minimum amount of breast tissue to be removed. Added requirements for preoperative mammogram and smoking cessation for at least 30 days pre-op. Requires 60-day notice, effective date 12/01/2020.