

CHAPTER 3
SECTION 2.4

REDUCTION MAMMOPLASTY FOR MACROMASTIA

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Authority: 32 CFR 199.4(c)(2) and (e)(8)

I. PROCEDURE CODE

19318

II. DESCRIPTION

A. Reduction mammoplasty is the surgical excision of a substantial portion of the breast, including the skin and the underlying glandular tissue, until a clinically normal size is obtained. Because breasts are paired organs and macromastia usually affects both sides, bilateral surgery is performed. When there is significant one-sided hypertrophy, a unilateral breast reduction is performed. Reduction mammoplasty is usually prompted by physical necessity due to the signs and symptoms of macromastia, and is, therefore, reconstructive in nature.

B. Female breast hypertrophy, macromastia, is the development of abnormally large breasts. This condition can cause significant clinical manifestations when the excessive breast weight adversely affect the supporting structures of the shoulders, neck, and trunk. Macromastia is distinguished from large, normal breast by the presence of persistent, painful symptoms and physical signs.

NOTE: Specific weight guidelines for breast-tissue resection or reduction in bra-cup size are not valid since they are poorly correlated with relief of the symptoms of macromastia. There are wide variations in the range of normal individual height, body weight and associated breast sizes; the amount of breast tissue that must be removed to relieve symptoms therefore varies with the height and weight of each patient (e.g., a small-statured person will need proportionally less breast tissue removed to alleviate signs and symptoms of macromastia than a larger person).

III. POLICY

A. Reduction mammoplasty is covered for medically indicated signs and symptoms of macromastia.

NOTE: Medically indicated symptoms may include postural backache, upper back and neck pain, and ulnar paresthesia. Appropriate physical findings are "true" hypertrophy, and shoulder grooving and intertrigo. Mixed symptoms may include breast pain and inability to lose weight in the

breast. Signs may include poor posture and the inability to participate in normal physical activities. These may be functionally significant in some individuals.

B. Photo-documentation may be requested as part of a coverage determination.

IV. EXCLUSIONS

A. Reduction mammoplasties to treat fibrocystic disease of the breast.

B. Reduction mammoplasty performed solely for cosmetic purposes.

C. Mastopexy surgery (resuspending breast) and breast ptosis (drooping breast).

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