


MEDICAL POLICY	Breast Surgery: Reduction Mammoplasty (Medicare Only)
Effective Date: 7/1/2021	Medical Policy Number: 205
 7/1/2021	Medical Policy Committee Approved Date: 9/18; 11/19; 05/2020; 6/2021
Medical Officer	Date

See Policy CPT section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

Notes:

- This policy does not address the use of reduction mammoplasty as a treatment of male gynecomastia (CPT 19300), which is addressed in the Cosmetic and Reconstructive Surgery medical policy.
- This policy does not address the use of reduction mammoplasty as a treatment of gender dysphoria, which is addressed in the Gender Affirming Interventions medical policy.
- This policy does not address reconstruction following a mastectomy, which is addressed in the Breast Reconstruction medical policy.
- The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Reduction mammoplasty</i>	<ul style="list-style-type: none"> • Local Coverage Determination (LCD): L37020, Plastic Surgery¹ • Local Coverage Article (LCA): A57222, Billing and Coding: Plastic Surgery²

Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual.

MEDICAL POLICY	Breast Surgery: Reduction Mammoplasty (Medicare Only)
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Therefore, the commercial medical policy, Breast Surgery: Reduction Mammoplasty (All Lines of Business Except Medicare), applies to the following services:

- Mammoplasty related to mastectomy or lumpectomy, staged and non-staged.

POLICY GUIDELINES

Specific instructions regarding documentation to be submitted with review, and reasons for denial are listed in the LCD [37020](#). See the section titled Associated Information.

CPT CODE

Medicare Only	
Prior Authorization Required	
19318	Reduction mammoplasty

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY	Breast Surgery: Reduction Mammoplasty (Medicare Only)
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MEDICAL POLICY CROSS REFERENCES

- Breast Surgery: Reduction Mammoplasty (All Lines of Business Except Medicare)
- Breast Reconstruction
- Cosmetic and Reconstructive Surgery
- Gender Affirming Interventions

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Plastic Surgery (L37020). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37020>. Published 2019. Accessed 4/21/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Billing and Coding: Plastic Surgery (A57222). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57222>. Published 2021. Accessed 4/21/2021.