

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 2.5
TITLE: REDUCTION MAMMOPLASTY FOR MACROMASTIA

AUTHORITY: 38 CFR 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (e)(8)

I. EFFECTIVE DATE

October 22, 1985

II. PROCEDURE CODE(S)

19318

III. 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 affects 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).

IV. POLICY

Reduction mammoplasty is covered when there are medically indicated signs and symptoms of macromastia or intractable pain, not amenable to other forms of treatment, which are the result of excessively large, pendulous breasts.

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.

V. POLICY CONSIDERATIONS

A. The following criteria will be applied to all claims for reduction mammoplasties in determining CHAMPVA coverage. The beneficiary must submit documentation, generally contained in the operative report, which indicates that the following criteria are met.

1. History of the patient's symptoms related to the large pendulous breasts.
 - a. Neck and shoulder pain.
 - b. Low back pain.
 - c. Strap mark indentations.
 - d. Restriction of physical activities.
 - e. Poor posture or skin irritation.
 - f. Breast pain or brachial plexus symptoms.
2. Symptoms must have been present at least one year to be considered intractable.
3. Photographs (shoulder to waist) front and lateral views, if available.

B. Reduction mammoplasty is not generally considered to be the treatment of choice for fibrocystic disease of the breasts.

C. Reduction mammoplasty is not a treatment for obesity.

D. Mastopexy procedures are viewed by HAC to be primarily cosmetic in nature and are not payable when performed to relieve the pain of excessively large pendulous breasts (i.e., as a reduction mammoplasty).

E. HAC will apply specific guidelines on all claims outlined in [Chapter 2, Section 27.4](#), *Cosmetic, Reconstructive And Plastic Surgery - General Guidelines*.

F. For reduction mammoplasty or mastopexy procedures performed for contralateral symmetry surgery, see [Chapter 2, Section 2.4](#), *Postmastectomy Reconstructive Breast Surgery*.

G. Claims related to the reduction of the contralateral breast in post-mastectomy reconstructive breast surgery are not subject to the regulatory exclusion for mammoplasties performed primarily for reasons of cosmesis.

H. Gynecomastia, of any cause, is usually associated with increased fibrous tissue stroma and may require surgical intervention (see [Chapter 2, Section 2.3](#), *Prophylactic Mastectomy*). The following criteria will be applied to claims for surgical interventions for gynecomastia:

1. Severe gynecomastia (enlargement has not resolved after a year), and
2. Fibrous tissue stroma exists, or
3. Breast pain.

VI. EXCLUSIONS

- A. Reduction mammoplasty 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).

END OF POLICY