

Breast Reduction Surgery

Policy Number: SURGERY 032.36
Effective Date: January 1, 2025

[➔ Instructions for Use](#)

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Related Policies

- [Breast Reconstruction](#)
- [Cosmetic and Reconstructive Procedures](#)
- [Gender Dysphoria Treatment](#)
- [Gynecomastia Surgery](#)
- [Panniculectomy and Body Contouring Procedures](#)

Coverage Rationale

[➔ See Benefit Considerations](#)

Most Oxford plans have a specific exclusion for breast reduction surgery except as required by the [Women's Health and Cancer Rights Act of 1998 \(WHCRA\)](#). Refer to the member's specific benefit plan document for applicable coverage.

Breast reduction surgery is considered reconstructive and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures:

- Reduction Mammoplasty, Female
- Reduction Mammoplasty, Female, Adolescent

[Click here to view the InterQual® criteria.](#)

Note: For reduction mammoplasty related to gynecomastia, refer to the Clinical Policy titled [Gynecomastia Surgery](#).

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the protocol titled [Medical Records Documentation Used for Reviews](#).

Definitions

Women's Health and Cancer Rights Act of 1998, 29 U.S.C. § 1185b: "In general - a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a Mastectomy shall provide, in case of a participant or beneficiary who is receiving benefits in connection with a Mastectomy and who elects breast reconstruction in connection with such Mastectomy, coverage for (1) all stages of reconstruction of the breast on which the Mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce symmetrical appearance; and (3) prostheses and physical complications of Mastectomy, including lymphedemas in a manner determined in consultation with the attending physician and the patient."

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Note: Coding for suction lipectomy is addressed in the Clinical Policy titled [Panniculectomy and Body Contouring Procedures](#).

CPT Code	Description
19318	Breast reduction

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Diagnosis Code	Description
N62	Hypertrophy of breast
N65.1	Disproportion of reconstructed breast

Benefit Considerations

Most Oxford plans have a specific exclusion for breast reduction surgery except as required by the [Women's Health and Cancer Rights Act of 1998](#). Refer to the member's specific benefit plan document for applicable coverage.

All plans cover breast reduction surgeries that qualify under the Women's Health and Cancer Rights Act of 1998. If a surgery does not qualify under the Women's Health and Cancer Rights Act of 1998, some plans may allow breast reduction surgery if we determine the surgery will treat a physiologic functional impairment. However, some plans exclude breast reduction surgery even if it treats a physiologic functional impairment. Refer to the member specific benefit plan document to determine coverage.

For breast surgery for treatment of gender dysphoria, refer to the Clinical Policy titled [Gender Dysphoria Treatment](#).

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by the UnitedHealthcare Medical Technology Assessment Committee. [MP.004.27]

Women's Health and Cancer Rights Act of 1998. Available at: https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/whcra_factsheet.html. Accessed January 17, 2024.

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p>Medical Records Documentation Used for Reviews (<i>previously titled Documentation Requirements</i>)</p> <ul style="list-style-type: none">Replaced list of <i>Required Clinical Information</i> with instruction to refer to the protocol titled Medical Records Documentation Used for Reviews <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous version SURGERY 032.35

Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state

mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.