

Breast Reduction and Removal of Breast Implants

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4004

Recent review date: 1/2025

Next review date: 5/2026

Policy contains: Breast reduction; breast mammoplasty; macromastia; breast implants.

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Policy statement

Reduction mammoplasty is clinically proven and, therefore, may be medically necessary for purposes other than reconstruction when all of the following criteria are met:

- Pubertal breast development is complete;
- A diagnosis of macromastia with at least two of the following symptoms for at least a 12-week duration:
 - Chronic breast pain;
 - Headache;
 - Neck, shoulder, or back pain;
 - Shoulder grooving from bra straps;
 - Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area;
 - Thoracic kyphosis;
 - Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management;
 - Congenital breast deformity;
- There is a reasonable likelihood that the symptoms are primarily due to macromastia; and
- The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms.

Removal of breast implants for purposes other than reconstruction is clinically proven and, therefore, may be medically necessary for the following indications:

- Visible capsular contracture causing pain (Baker Grade IV);
- Diagnosed or suspected implant rupture;
- Local or systemic infection;
- Siliconoma or granuloma;
- Implant extrusion;
- Interference with the diagnosis or treatment of breast cancer;
- Breast implant-associated anaplastic large cell lymphoma.

If an indication for medically necessary removal of breast implants is present unilaterally, removal of the contralateral breast implant may also be medically necessary when performed during the same operative session.

Limitations

When the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast, reduction mammoplasty and removal of breast implants are considered cosmetic and not medically necessary.

Exemptions

None.

References

Louisiana Medicaid. *Professional Services Provider Manual*. 2012. Breast Surgery. Chapter 5, Section 5.1. Issued 08/09/24.

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

1/2024: Policy references updated.

1/2025: Policy references updated.