



UM-CDG-017 Reduction Mammoplasty

Approved By:  
Director, Health Services

Effective Date:  
10/22/2025

***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address reduction mammoplasty, a surgical procedure to remove a substantial portion of the breast including the skin and underlying glandular tissue until a clinically normal size is obtained, to ameliorate symptoms caused by hypertrophy and reduce the size of a normal breast to bring it into symmetry with a breast reconstructed following cancer surgery. Breast hypertrophy generally impacts both breasts and bilateral surgery is typically performed.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

None

## POLICY

SECUR Health Plan considers reduction mammoplasty medically necessary in the following:

1. Member has significant symptoms that interfere with normal daily activities, despite conservative management, for at least six (6) months, including at least one of the following:
  - Conservative analgesia (NSAIDs, compresses, massage)
  - Supportive measures (supportive garments, back brace)
  - Physical therapy
  - Correction of obesity
2. Member has significant arthritic changes in the cervical or upper thoracic spine, optimally managed with persistent symptoms and/or significant restriction of activity such as symptoms of ulnar paresthesias, cervicgia, torticollis, or acquired kyphosis.
3. Signs and symptoms of intertriginous maceration or infection of the inframammary skin, refractory to dermatologic measures or shoulder grooving with skin irritation by appropriate supporting garment.
4. Considerable attention has been given to the amount of breast tissue removed in differentiating between cosmetic and medically necessary reduction mammoplasty. To be considered a non-cosmetic procedure, it is expected that at least a minimal amount of breast tissue will be removed. However, given the individual needs of each person, the amount of tissue that must be removed to relieve symptoms will vary and depend upon the member's individual body type.

The following are guidelines and not considered rules, that address the body surface area (BSA) and the amount of breast tissue removed:

BSA 1.35-1.45 199-238  
BSA 1.46-1.55 239-284  
BSA 1.56-1.69 285-349  
Equal to or greater than 350g

SECUR Health Plan considers cosmetic surgery to reshape the breasts to improve appearance as not medically necessary. However, reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a non-cosmetic procedure and is considered medically necessary for members requiring breast reconstruction surgery following the removal of a breast for any medical reason.

References:

1. Wagner DS, Alfonso DR. The influence of obesity and volume resection on success in reduction mammoplasty: an outcomes study. *Plast Reconstr Surg.* 2005 Apr;115(4):1034-8
2. Local Coverage Determination (LCD) L35001, Reduction Mammoplasty  
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35001>