Breast Reduction Surgery (for Pennsylvania Only)

Policy Number: CS012PA.AA
Effective Date: July 1, 2025

➲ Instructions for Use

Table of Contents **Page**

Application 1
Coverage Rationale 1
Applicable Codes 1
References 2
Policy History/Revision Information 2
Instructions for Use 2

Related Policies

- Breast Reconstruction (for Pennsylvania Only)
- Cosmetic and Reconstructive Procedures (for Pennsylvania Only)
- Gender Dysphoria Treatment (for Pennsylvania Only)
- Gynecomastia Surgery (for Pennsylvania Only)

Application

This Medical Policy only applies to the state of Pennsylvania. Any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis. Refer to Pennsylvania Exceptions, Pennsylvania Code, Title 55, Chapter 1101.

Coverage Rationale

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 Mammaplasty, Female
- Reduction Mammaplasty, Female, Adolescent

Click here to view the InterQual® criteria.

Note: For reduction mammaplasty related to gynecomastia, refer to the Medical Policy titled Gynecomastia Surgery (for Pennsylvania Only).

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 federal, state, or contractual requirements 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 and Guidelines may apply.

CPT Code	Description
19318	Breast reduction

CPT® is a registered trademark of the American Medical Association

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

References

Pennsylvania Code and Bulletin, Title 55, Chapter 1101.31. Scope. Refer to: http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1101/s1101.31.html&d=reduce. Accessed March 25, 2025.

Policy History/Revision Information

Date	Summary of Changes
07/01/2025	**Related Policies *and* Applicable Codes** • Removed reference link to the Medical Policy titled *Panniculectomy and Body Contouring Procedures (for Pennsylvania Only)* **Supporting Information** • Archived previous policy version CS012PA.Z

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical 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.