MASTOPEXY

Description: Mastopexy is a form of mammoplasty that is performed to correct a pendulous or asymmetric breast.

Policy: Mastopexy may be considered MEDICALLY NECESSARY for the following indication:
- Mastopexy by reduction of the contralateral breast in conjunction with post-mastectomy reconstructive surgery is eligible when the symmetry of the breasts is altered by the reconstruction.

All other mastopexy is considered COSMETIC.

Coverage: Mastopexy is covered for patients with a diagnosis of breast cancer.

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-
certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

19316 Mastopexy

**ICD-9 Procedure:**

85.6 Mastopexy

**ICD-10 Procedure:**

0HST0ZZ Reposition Right Breast, Open Approach

0HSU0ZZ Reposition Left Breast, Open Approach

**Policy History:**

*Developed June 6, 1988*

**Most recent history:**

Reviewed June 8, 2011

Reviewed June 13, 2012

Reviewed June 12, 2013

Reviewed/Updated, no policy statement changes June 11, 2014

**Cross Reference:**

Breast Implant, Removal or Replacement, IV-14

Reduction Mammoplasty, IV-32

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