United Healthcare Community Plan

Breast Reduction Surgery (for Tennessee Only)

Policy Number: CS012TN.Y
Effective Date: August 1, 2024

Instructions for Use

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Related Policies

- Breast Reconstruction (for Tennessee Only)
- Cosmetic and Reconstructive Procedures (for Tennessee Only)
- Gynecomastia Surgery (for Tennessee Only)
- Panniculectomy and Body Contouring Procedures (for Tennessee Only)

Application

This Medical Policy applies to Medicaid and CoverKids in the state of Tennessee.

Coverage Rationale

Breast reduction surgery is considered reconstructive and medically necessary in certain circumstances. Refer to the Tenncare Medicaid, Chapter 1200-1313-.10.

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.

Note: Coding for suction lipectomy is addressed in the Medical Policy titled Panniculectomy and Body Contouring Procedures (for Tennessee Only).

CPT Code	Description
19318	Breast reduction

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

References

Rules of The Tennessee Department of Finance and Administration, Bureau of Tenncare, Chapter 1200-13-13.-10. Retrieved from: 1200-13-13.20220124.pdf (tnsosfiles.com). Accessed March 4, 2024.

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Policy History/Revision Information

Date	Summary of Changes
08/01/2024	**Applicable Codes** • Removed CPT code 19316 **Supporting Information** • Archived previous policy version CS012TN.X

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.

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