healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Reduction Mammaplasty		
Policy Number:	PO-RE-121v2		
Effective Date:	12/01/2024	**Last Approval Date:**	12/5/2025

I. Policy Description

This policy outlines the reimbursement criteria for Reduction Mammaplasty procedures under Healthfirst coverage. Reduction Mammaplasty (CPT code 19318) is a surgical procedure aimed at reducing the size of the breast for medical reasons. In accordance with CMS guidelines, Healthfirst covers Reduction Mammaplasty only when specific diagnosis codes are reported in conjunction with the procedure. The required diagnoses for coverage include Z48.3 (Aftercare following surgery for neoplasm), N65.1 (disproportion of reconstructed breast), or N62 (Macromastia).

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Medicare HMO and PPO
- Personal Wellness Plan (HARP)
- Essential Plan (EP)
- Managed Long Term Care Plan (MLTCP – Senior Health Partners)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Qualified Health Plan (QHP)

Policy Scope

Reduction Mammaplasty reimbursement under Healthfirst is limited to cases where the procedure is medically necessary and is supported by the specified diagnosis codes. The following guidelines must be adhered to for reimbursement eligibility:

1. Reduction Mammaplasty (19318) is covered when reported with one of the following required diagnoses:
    - Z48.3 (Aftercare following surgery for neoplasm)
    - N65.1 (disproportion of reconstructed breast)
    - N62 (Macromastia)
2. When billed with the diagnosis code N62 (Macromastia), a secondary diagnosis is also required. Examples of acceptable secondary diagnoses for N62 include, but are not limited to the following conditions:

- Aftercare following surgery for neoplasm (Z48.3)
- Cervicalgia (M54.2)
- Disorder of the skin and subcutaneous tissue, unspecified (L98.9)
- Other dorsalgia (M54.89)
- Pain in thoracic spine (M54.6)
- Shoulder pain (M25.511-M25.512)

3. Healthcare providers seeking reimbursement for Reduction Mammaplasty procedures must ensure accurate reporting of the appropriate diagnosis codes as outlined in this policy to qualify for coverage.

4. Healthfirst expects healthcare providers to adhere to these guidelines when submitting claims for reimbursement. Non-compliance with these guidelines may result in claim denials or audit findings. It is essential for providers to maintain accurate documentation supporting the medical necessity.

5. Please note that any deviations from the specified diagnosis code requirements may result in denied claims for reimbursement.

6. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. Refer to: Healthfirst Provider Manual Subsection 17.6, “Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process” in this section.

Adjudication and Appeal Process

1. Reimbursement for Reduction Mammaplasty services will be determined based on the provider’s scope of services and the reimbursement rates outlined in the provider’s contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.

4. This policy is a provider resource for understanding Healthfirst’s reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.

5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, “Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process” in this section.*

Please be advised that all services provided are subject to the member's individual benefit coverage.

II. Applicable Codes

Code	Description	Comment
19318	Breast reduction	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

LCD - Reduction Mammaplasty (L35001)

VI. Revision History

Revision Date	Summary of Changes
12/5/2025	Added Adjudication and Appeals section

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.