IEHP UM Subcommittee Approved Authorization Guidelines
Reduction Mammaplasty (Mammoplasty or Mastoplasty)

Mammary hypertrophy (extremely large breasts), otherwise known as macromastia, has been associated with the development of back, neck and shoulder pain; intertrigo (skin redness, burning, itching, disintegration and cracking including the risk of secondary infections); and loss of feeling. Persistence of such symptoms may have a significant impact on quality of life and may limit activities of daily living (ADLs). Breast reduction has also been used as a technique to augment the breast for cosmetic purposes.

When the above symptoms exist and cannot be controlled by conservative medical management, such as pain medication, physical therapy, and skin ointments or powders, surgical intervention to reduce the size of the breasts may be indicated. The Schnur scale is commonly used by insurance policies to determine the minimum amount of breast tissue to be removed based on the patients’ body surface area (BSA). However, the American Society of Plastic Surgeons and Dr. Schnur himself have refuted the validity of the Schnur scale and recommend that the table should no longer be used to determine insurance coverage. This recommendation is largely based on the result of the Breast Reduction Assessment of Value and Outcomes (BRAVO) study, which found that the amount of tissue removed was independent of post-operative symptom relief. The minimum breast tissue removed from one breast was 205g. Some have critiqued the BRAVO study for its methodological flaws so further research is needed to guide the surgical treatment of mammary hypertrophy.

The most common method of breast reduction involves the surgical removal of skin, fat and breast tissue. The procedure is designed to reconstruct the breast with an aesthetically acceptable appearance, while reducing the breast mass. Another proposed method of mammaplasty involves the suction of fatty tissue from the breast (liposuction).

The use of liposuction, as the primary tool or as an adjunct for reduction mammaplasty, has not been adequately evaluated and has not been demonstrated to improve health outcomes in the medical literature. While there have been many case series reported, a clinical trial comparing the use of liposuction to standard care has not been conducted. In addition, the effectiveness of liposuction, in terms of removing glandular breast tissue, rather than fatty tissue in the breast, remains to be demonstrated. Thus, no clear conclusions can be drawn regarding the efficacy of liposuction, as a surgical technique for reduction mammaplasty. Therefore, the use of liposuction in cases of mammary hypertrophy will be considered on a case-by-case basis.
Breast Reduction in Adolescence:

Breast development varies, but usually plateaus at 15-16 years of age. McMahan et al. (1995) documented 48 patients, who had surgery performed before age 20. Upon follow-up of 1-20 years after their surgery, at least 75% reported some re-growth of their breast tissue. In general, breast maturity should be reached before this surgery is performed unless the physical conditions are so severe that surgical intervention cannot be delayed.

Selection Criteria for Reduction Mammaplasty:

Reduction mammaplasty is considered medically necessary when ALL of the following criteria (A, B, & C) are met:

A. Member has undergone evaluation by a provider other than the one performing the surgery and they have documented the presence of one or more of the following that has persisted for at least one year:
   1. A cervical or thoracic pain syndrome (upper back and shoulder pain), in which interference with activities of daily living or work has been documented. The pain is not associated with other diagnoses (i.e., arthritis, multiple sclerosis, cervical spine disease, etc. have been adequately ruled-out), and there has been at least three (3) months of adequate conservative treatment with one or more of the following: support garments, NSAIDs, physical therapy, and/or similar modalities; OR
   2. Submammary intertrigo that is refractory to conventional medications and measures used to treat intertrigo, and/or shoulder grooving with ulceration unresponsive to conventional therapy; OR
   3. Thoracic outlet syndrome (to include ulnar paresthesias from breast size) that has not responded to at least three (3) months of adequate conservative treatment.

B. The preoperative evaluation by the surgeon concludes that an appropriate amount of breast tissue, per breast, will be removed and that there is a reasonable prognosis of symptomatic relief. The minimum amount of breast tissue to be removed should be at least 205g per breast. The request for surgery must include: the patient’s height and weight; the size and shape of the breast(s) causing symptoms; the anticipated amount of breast tissue to be removed. The attached Patient Assessment Form may be used as an attestation, at the discretion of the IEHP Medical Director. Pictures may be requested to document medical necessity.

C. The patient is at least 18 years and/or breast growth is attested as complete (i.e., stable for 1 year).

Women 40 years of age or older need to have a negative mammogram within 2 years of the planned surgery

Contraindications:

A. Patients with unacceptable operative risk.

B. Patients seeking surgery where the primary basis for surgery is determined to be cosmetic.
CMS Medicare/Medi-Cal Criteria Abstracts:
Medicare Benefit Policy Manual Chapter 16: 120 – Cosmetic Surgery

Cosmetic surgery is not covered “except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member.”

Professional Society Guidelines
American Society of Plastic Surgeons

Diagnostic Criteria:
Recommendation: Evidence indicates that resection volume is not correlated to the degree of postoperative symptom relief; thus, the criterion for reduction mammaplasty is more accurately defined by individual symptomatology rather than breast volume alone. Level II Evidence: Grade B

Recommendation: Evidence indicates that increased breast resection weight may increase the risk of complication; therefore, patients should be informed of this potential risk. Level II, III Evidence: Grade B

Recommendation: Evidence is inconclusive on whether increased BMI is associated with increased risk of complications; therefore, the decision to perform reduction mammaplasty on a patient with increased BMI is left to the discretion of the surgeon. Level II, III Evidence: Grade C

Outcomes:
Recommendation: Evidence indicates that reduction mammaplasty is effective at reducing breast hypertrophy-related symptoms and improving quality of life. Reduction mammaplasty should be considered for patients with symptomatic breast hypertrophy. Level I Evidence: Grade A

Health Plan Policies
Apollo Managed Care Guideline PRS 104: Breast Procedures: Augmentation or Reduction Mammaplasty; Post-Mastectomy Prostheses

1. Reduction mammaplasty may be indicated as needed to achieve symmetry following a surgical procedure for breast cancer on the contralateral breast. State laws similar to that of California are common and require ‘coverage for prosthetic devices or reconstructive surgery to restore and achieve symmetry for the patient incident to the mastectomy’. Please refer to that guideline

2. Reduction mammoplasty may also be indicated adjunctive to surgery requiring splitting of the sternum to avoid subsequent wound dehiscence potential problems due to the pull of excessively large breasts.

3. The following indications (all must apply) will be required to determine medical necessity for this procedure prior to authorization unless the patient meets criteria in either the preceding 1 or 2 paragraphs.
   a. Excessively large pendulous natural (no implants) breasts out of proportion to the rest of the individual’s normal or usual body habitus, and
b. Pain involving the upper back and/or shoulder regions (thoracic or cervical), severe; chronic (at least 6 months duration) that is inadequately responsive to conservative therapy (appropriate breast support, weight loss if necessary) for one year or longer; and/or a painful kyphosis documented by x-ray is present, and/or thoracic nerve root compression with ulnar distribution pain is demonstrable, and

c. Shoulder bra strap discomfort (using appropriate bra support and wide bra straps) with demonstrable severe shoulder grooves due to bra strap pressure and/or intractable intertrigo unresponsive to appropriate topical therapy demonstrated on a frontal and lateral photo placed in a sealed envelope with the authorization request and following review, returned to the requesting physician to be maintained as a part of the permanent medical record; and

d. Three or more years since the start of regular menses or 18 years or older.

**Aetna Clinical Policy Bulletin Number 0017:**

Breast reduction surgery is considered medically necessary for non-cosmetic indications for women aged 18 or older or for whom breast growth is complete (stable over one year) when any of the following criteria are met:

1. Persistent symptoms directly attributable to macromastia in at least 2 anatomical body areas for at least 1 year. Photographic documentation must be provided and a 3-month trial of conservative therapy must be completed. Women 40 years of age or older need to have a negative mammogram within 2 years of the planned surgery. The amount of breast tissue removed must be at least the mass outlined in the table included in the guideline, which is based on the body surface area (BSA).

2. Gigantomastia of pregnancy associated with massive infection, significant hemorrhage, tissue necrosis, or breast tissue ulceration.

3. Asymmetry as outlined in Breast Reconstructive Surgery guideline

**Anthem/Blue Cross (SURG.00086):**

Breast reduction surgery is considered medically necessary for non-cosmetic indications for women who have symptoms attributable to macromastia that have not responded to conservative therapy for at least 3 months. The amount of breast tissue to be removed must be sufficient to give a reasonable prognosis of symptomatic relief and is based upon body surface area (Schnur Sliding Scale).

**Cigna Healthcare Coverage Position Policy Number 0152:**

Breast reduction surgery is considered medically necessary for non-cosmetic indications for women when performed to produce a symmetrical appearance following a mastectomy or lumpectomy. Reduction mammoplasty is also considered medically necessary for women 18 years of age or older or when breast growth is complete if 1) macromastia is symptomatic despite a 3-month trial of conservative therapy; 2) preoperative photographs confirm significant breast hypertrophy and shoulder grooving from bra straps and/or intertrigo; and 3) the average weight
of tissue planned to be removed in each breast is above the 22nd percentile on the Schnur Sliding Scale based on BSA.

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| Revised: |  
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| May 17, 2017 |  

**Bibliography:**

Disclaimer

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REDUCTION MAMMAPLASTY
Patient Assessment Form

Member: ___________________________ Member ID: ___________________________

1. The patient has one or more of the following, which has persisted for at least one year (check all that apply):
   - Cervical or thoracic pain syndrome with interference with daily activities or work and is not associated with other diagnoses (i.e., arthritis, disc disease, multiple sclerosis, etc.); OR
   - Submammary intertrigo which is refractory to conventional medications and measures used to treat intertrigo, and/or shoulder grooving and ulceration unresponsive to conventional therapy; OR
   - Thoracic outlet syndrome

2. The patient has not responded adequately to at least three months of conservative treatment with (check all that apply):
   - Support garments
   - Exercise program
   - NSAIDs
   - Chiropractic or Osteopathic care
   - Physical therapy

3. There is a reasonable prognosis of symptom relief.

4. Patient Height: ___________________________ Weight: ___________________________

   Proposed amount of tissue to be removed, each breast: ___________________________

   BSA: _____________

Note: Anticipated breast tissue to be removed from EACH breast must equal or exceed the following amounts based on body surface area.

<table>
<thead>
<tr>
<th>Body Surface Area (meters squared)</th>
<th>Minimum Weight of Tissue to be removed per breast (grams)</th>
<th>Body Surface Area (meters squared)</th>
<th>Minimum Weight of Tissue to be removed per breast (grams)</th>
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<tr>
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<td>2.30 or greater</td>
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</tr>
</tbody>
</table>

Calculation: BSA = square root of \{(height in inches x weight in pounds) / 3131\}
e.g. Height- 5.5” (65 inches) x Weight – 160 lbs. = 10,400/3131 = 3.32 = 182 BSA
NOTE:

- Pictures (front and lateral views) of the trunk including shoulders, breasts may be requested to document medical necessity.
- Medical records from the PCP documenting the above will be required for adolescents and may be required in other patients.
- The Patient Assessment Form is not intended as a substitute for, nor does it preclude, the Prior Authorization/Pre-Certification requirements set forth in the Member’s contract benefit plan. In addition to this form, as evidenced above, the health plan may, in its sole discretion, request the complete medical record, or any part thereof during the evaluation for determination of medical necessity.

I do attest that the above is true and accurate to the best of my knowledge.

________________________________________  __________________________________________  ____________
    Print Physician Name                      Physician Signature                          Date