


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
7/20/2003	7/2014	7/2013
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Breast Reduction Surgery

B. BACKGROUND

Macromastia is the development of abnormally large breasts in the female as a result of breast hypertrophy. This condition can cause a variety of clinical manifestations when the weight of the excessive breast tissue adversely impacts supporting structures of the shoulders, neck and trunk. Macromastia is distinguished from large, normal breasts by the presence of persistent symptoms.

Reduction mammoplasty is the surgical removal of breast tissue, including the skin and the underlying glandular tissue, to approximate a more clinically normal size and reduce clinical symptoms. For the purpose of this policy, macromastia is considered the primary cause for the signs, symptoms and functional impairment being described.

The Schnur Sliding Scale is an evaluation tool used to determine the appropriate volume of tissue to be removed relative to a patient's total body surface area (BSA). This estimation can be instrumental in determining whether breast reduction surgery is being planned for cosmetic reasons or as a medically necessary procedure. In a survey of plastic surgeons utilizing this scale, Schnur et al. (1991) determined that women whose removed breast weight was above the 22nd percentile were likely to receive the procedure for medical reasons.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

- A. CareSource considers breast reduction surgery medically necessary for non-cosmetic indications for women age 18 or older, or for whom growth is complete, when ALL of the following criteria are met:

1. Member has signs and/or symptoms lasting for at least one year, documented in contemporaneous notes from the treating physician which are:
 - i. attributable to macromastia; having excluded other causes through a reasonable clinical evaluation;
 - ii. AND
 - iii. involve 2 or more of the following anatomical areas:
 - a. pain in upper back,
 - b. pain in neck, pain in shoulders,
 - c. paresthesia of hands and/or arms,
 - d. headaches,
 - e. painful kyphosis documented by X-rays,
 - f. skin manifestations documented by photographs (including intertrigo, exacerbation of acne or hidradenitis suppurativa),
 - g. shoulder grooving or ulceration from bra straps cutting into the shoulders documented by photographs;

AND
 - iv. are associated with described functional impairment(s) affecting daily living for at least one year;

AND
 - v. which have not responded to a recent 3 month physician-supervised course of conservative therapy, including (but not limited to) a combination of weight loss, appropriate bra support (i.e. properly fitting with wide straps), physical therapy, and/or home exercise program, appropriate medications (including NSAID or/or analgesic agents) and appropriate treatment of associated skin conditions.

2. Physician documentation must include:
 - a. Contemporaneous progress notes outlining the above criteria (1 i-v);
 - b. Photographic documentation (including skin manifestations, if any)
 - c. The member's bra size, height and weight;
 - d. An estimation of the volume of breast tissue to be removed;

The weight of tissue to be removed from each breast must be above the 22nd percentile on the Schnur Sliding Scale (Appendix A below) based on the individual's body surface area (BSA).

The body surface area in meters squared (m²) is calculated using the Mosteller formula as follows:

$$\text{Square root of: } \frac{\text{Ht. (inches)} \times \text{Wt. (lbs.)}}{3,131}$$

3. Mammography: Women 40 years of age or older must have documentation of a mammogram negative for cancer performed within the year prior to the date of the planned breast reduction surgery;

B. Liposuction:

The use of liposuction, either entirely or adjunctively for the purpose of breast reduction is considered medically unnecessary.

C. Surgery for Gynecomastia:

For medical necessity and criteria for surgery of gynecomastia see CareSource Medical Policy statement for “Mastectomy for Gynecomastia”.

D. Breast Asymmetry:

For medical necessity and criteria for surgery to correct breast asymmetry see CareSource Medical Policy statement for “Breast Reconstructive Surgery”.

Appendix A: Schnur Sliding Scale

Body Surface Area and Minimum Requirement for Breast Tissue Removal	
Body Surface Area m ²	Grams per Breast of Minimum Breast Tissue to be Removed
1.350-1.374	199
1.375-1.399	208
1.400-1.424	218
1.425-1.449	227
1.450-1.474	238
1.475-1.499	249
1.500-1.524	260
1.525-1.549	272
1.550-1.574	284
1.575-1.599	297
1.600-1.624	310
1.625-1.649	324
1.650-1.674	338
1.675-1.699	354
1.700-1.724	370
1.725-1.749	386
1.750-1.774	404
1.775-1.799	422
1.800-1.824	441
1.825-1.849	461

1.850-1.874	482
1.875-1.899	504
1.900-1.924	527
1.925-1.949	550
1.950-1.974	575
1.975-1.999	601
2.000-2.024	628
2.025-2.049	657
2.050-2.074	687
2.075-2.099	717
2.100-2.124	750
2.125-2.149	784
2.150-2.174	819
2.175-2.199	856
2.200-2.224	895
2.225-2.249	935
2.250-2.274	978
2.275-2.299	1022
2.300-2.324	1068
2.325-2.349	1117
2.350-2.374	1167
2.375-2.399	1219
2.400-2.424	1275
2.425-2.449	1333
2.450-2.474	1393
2.475-2.499	1455
2.500-2.524	1522
2.525-2.549	1590
2.550 or greater	1662

For Medicare LCD Number L30733

D. REVIEW / REVISION HISTORY

Date Issued: 7/20/2004

Date Revised: 5/25/2005, 7/5/2006, 9/18/2007, 7/1/2009, 2/2012

Date Reviewed: 7/1/2009, 7/2011, 2/2012, 7/2013

E. REFERENCES

1. Howrigan P. Reduction and augmentation mammoplasty. *Obstet Gynecol Clin North Am.* 1994; 21(3):539-543
2. Miller AP, Zacher JB, Berggren RB, et al. Breast reduction for symptomatic macromastia. Can objective predictors for operative success be identified? *Plastic Reconstruct Surg.* 1995; 95(1):77-83
3. Schnur PL, Hoehn JG, Ilstrup DM, et al. Reduction mammoplasty: Cosmetic or reconstructive procedure? *Ann Plastic Surg.* 1991; 27(3):232-237
4. Mosteller RD: Simplified Calculation of Body Surface Area. *N Engl J Med* 1987 Oct 22; 317(17):1098 (letter)

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.