

MEDICAL POLICY STATEMENT WEST VIRGINIA MARKETPLACEPLANS

PolicyName		Policy Number	Date Effective	
Breast Reduction Surgery		MM-0248	07/01/2021-05/31/2022	
PolicyType				
MEDICAL	Administrative	Pharmacy	Reimbursement	

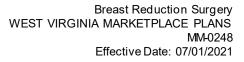
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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject Breast Reduction Surgery

B. Background

Women who suffer from macromastia (or excessively large breasts) seeking breast reduction typically present with complaints of a feeling of heaviness, chronic pain and tension in the neck, shoulders and upper back. Macromastia commonly causes permanent grooving and ulceration of the shoulder following years of wearing support bras to try to minimize symptoms. As much as two to five pounds of excess breast tissue is routinely removed during a reduction mammoplasty.

Reduction mammoplasty is a surgical procedure reducing the weight and volume of the breast. Indications for surgery include: chronic pain and skin conditions, neuropathy, breast discomfort, physical impairment and psychological symptoms that can be associated with poor self-esteem and loss of desire to engage in activities.

C. Definitions

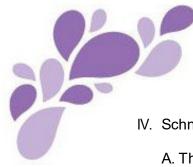
- **Macromastia (Breast Hypertrophy)** An increase in the volume and weight of breast tissue relative to the general body habitus.
- Functional/Physical or Physiological Impairment Physical/functional or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired or delayed capacity to move and coordinate actions, or performphysical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.
- Symptomatic Breast Hypertrophy A syndrome of persistent neck and shoulder pain, shoulder grooving from brassiere straps, chronic intertriginous rash of the inframammary fold and/or frequent episodes of headache, backache, and upper extremity neuropathies caused by an increase in the volume and weight of breast tissue beyond normal proportions.
- **Cellulitis** An acute spreading bacterial infection in the deeper layers of skin associated with an abrasion or cut and characterized by redness, warmth and swelling.
- Intertriginous Rash Dermatitis occurring between juxtaposed folds of skin, caused by retention of moisture and warmth and providing an environment favoring overgrowth of normal skin micro-organisms.
- **Kyphosis** Over-curvature of the thoracic vertebrae (upper back) associated with: degenerative diseases such as arthritis, developmental problems, or with osteoporotic compression fractures of vertebral bodies.
- **The Schnur Sliding Scale** Has been promoted for use in calculating the amount of breast tissue to be removed in reduction mammoplasty (Appendix A).
- Cosmetic Procedures Procedures that correct an anatomical congenital anomaly without improving or restoring physiologic function are considered cosmetic procedures.





- I. CareSource considers breast reduction surgery for non-cosmetic reasons medically necessary when ALL of the following clinical criteria are met:
 - A. Member must be eighteen (18) years or older, or growth is complete.
 - B. Breast size interferes with activities of daily living, as indicated by 1 or more of the following:
 - 1. Arm numbness consistent with brachial plexus compression syndrome
 - 2. Cervical pain;
 - 3. Chronic breast pain;
 - 4. Headaches;
 - 5. Nipple position greater than 21 cm below suprasternal notch;
 - 6. Persistent redness and erythema (intertrigo) below breasts;
 - 7. Restriction of physical activity;
 - 8. Severe bra strap grooving or ulceration of shoulder;
 - 9. Shoulder pain;
 - 10. Thoracic kyphosis; or
 - 11. Upper or lower back pain
 - C. Failure to relieve symptoms with nonsurgical treatment that includes 1 or more of the following:
 - 1. Medically supervised weight loss program for overweight or obese patient;
 - 2. Topical and oral antifungal agents for intertrigo;
 - 3. Trial of nonsteroidal anti-inflammatory drugs to treat pain in neck, shoulder, upper or lower back, or breast; or
 - 4. Wound care for skin ulceration.
 - D. Preoperative evaluation by surgeon concludes that amount of breast tissue to be removed (by mass or volume) will provide a reasonable expectation of symptomatic relief.
 - E. No evidence of breast cancer
 - 1. As evidenced by results of a physical exam completed by a physician within the last year if under 40.
 - 2. Women 40 to 54 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.
 - 3. Women 55 and older may switch to mammograms every 2 years.
- II. Breast reduction surgery following mastectomy to achieve symmetry is covered as part of the *Women's Health and Cancer Rights Act (WHCRA)*. Please refer to the CareSource Medical policy titled *Breast Reconstruction Post Mastectomy* for additional information.
- III. Breast Asymmetry: For medical necessity and criteria for surgery to correct breast asymmetry see CareSource Medical Policy *Breast Reconstructive Post Mastectomy*.





IV. Schnur Sliding Scale

- A. 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 a member whose removed breast weight was above the 22nd percentile were likely to receive the procedure for medical reasons.
 - 2. 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).
 - 3. The body surface area in meters squared (m²) is calculated using the Mosteller formula as follows:
 - a. Square root of height (inches) x weight (lbs) divided by 3131.

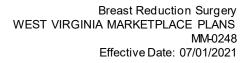
Body Surface Area and Minimum Requirement for Breast Tissue Removal		
Body Surface Area m ²	Grams per Breast of Minimum Breast Tissue to be Removed	
1.350-1.374	199	
1.375-1.399	208	
1.400-1.424	218	
1.425-1.449	227	
1.450-1.474	238	
1.475-1.499	249	
1.500-1.524	260	
1.525-1.549	272	
1.550-1.574	284	
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	

Appendix A: Schnur Sliding Scale



Effective Date: 07/01/2021 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 2.050-2.074 687 2.075-2.099 717 2.100-2.124 750 2.1252.149 784 2.150-2.174 819 2.175-2.199 856 2.2002.224 895 2.2152.149 784 2.150-2.174 819 2.175-2.199 856 2.2002.224 895 2.2250.2.274 978 2.2250.2.274 978 2.275-2.299 1022 2.300.2.324 1068 2.300.2.324 1068 2.350.2.374 1167 2.350.2.374 1219		Breast Reduction Surgery WEST VIRGINIA MARKETPLACE PLANS MM-0248
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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 2.152-2.149 784 2.150-2.174 819 2.175-2.199 856 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 895 2.200-2.224 1068 2.200-2.324 1022 2.300-2.324 1068 2.300-2.324 1068 2.300-2.374 1117 2.300-2.374 1167 2.375-2.399 1219	1.875-1.899	504
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2.150-2.1748192.175-2.1998562.200-2.2248952.225-2.2499352.250-2.2749782.275-2.29910222.300-2.32410682.325-2.34911172.350-2.37411672.375-2.3991219	2.100-2.124	750
2.175-2.1998562.200-2.2248952.225-2.2499352.250-2.2749782.275-2.29910222.300-2.32410682.325-2.34911172.350-2.37411672.375-2.3991219	2.125-2.149	784
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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	2.225-2.249	935
2.300-2.324 1068 2.325-2.349 1117 2.350-2.374 1167 2.375-2.399 1219	2.250-2.274	978
2.325-2.349 1117 2.350-2.374 1167 2.375-2.399 1219	2.275-2.299	1022
2.350-2.374 1167 2.375-2.399 1219	2.300-2.324	1068
2.375-2.399 1219	2.325-2.349	1117
	2.350-2.374	1167
	2.375-2.399	1219
2.400-2.424 1275	2.400-2.424	1275
2.425-2.449 1333	2.425-2.449	1333
2.450-2.474 1393	2.450-2.474	1393
2.475-2.499 1455	2.475-2.499	1455
2.500-2.524 1522	2.500-2.524	1522
2.525-2.549 1590	2.525-2.549	1590
2.550 or greater 1662	2.550 or greater	1662





- E. Conditions of Coverage
- F. Related Policies/Rules Breast Reconstruction Surgery MM-0800

G. Review/Revision History

	DATE	ACTION
Date Issued	11/01/2018	
Date Revised	04/15/2020 03/01/2021	Annual Update: Update to MCG Clinical Indications; addition of Related Policies.
Date Effective	07/01/2021	
Date Archived	05/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

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This guideline contains custom content that has been modified from the standard care guidelines and has not been review ed or approved by MCG Health, LLC.

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

Independent medical review - March 2018

