



MEDICAL POLICY STATEMENT Marketplace

Policy Name & Number	Date Effective
Breast Reduction Surgery-MP-MM-1421	08/01/2024
Policy Type	
MEDICAL	

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This policy applies to the following Marketplace(s):

<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> West Virginia
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Table of Contents

A. Subject	2
B. Background	2
C. Definitions.....	3
D. Policy	3
E. State-Specific Information.....	6
F. Conditions of Coverage	6
G. Related Policies/Rules	6
H. Review/Revision History	6
I. References	7

A. Subject**Breast Reduction Surgery****B. Background**

Breast reduction surgery is performed for females or males for different indications. Women diagnosed with macromastia (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. The physical and psychological symptoms of macromastia can significantly and negatively impact an individual's life and should be taken into consideration when evaluating surgical intervention.

Reduction mammoplasty is a surgical procedure that reduces the weight and volume of the breast. As much as two to five pounds of excess breast tissue is routinely removed during a reduction mammoplasty. Indications for surgery include chronic pain and skin symptoms, neuropathy, breast discomfort, physical impairment, and psychological symptoms that can be associated with poor self-esteem and loss of desire to engage in activities.

Gynecomastia is a benign proliferation of glandular tissue of the breast in males. This condition may be caused by androgen deficiency, medications, chronic medical conditions, tumors, or endocrine disorders. Depending on the cause of the tissue proliferation, surgical removal may be considered cosmetic or medically necessary. In order to evaluate the excess breast tissue, mammography and grading using the breast imaging reporting and data system (BI-RADS) may be appropriate. BI-RADS standardizes risk assessment and quality control for mammography by using categorizations and reporting/documentation standards. The 6 classifications include:

- BI-RADS 0 – Incomplete evaluation with further imaging required including additional mammographic views (spot compression, magnification, or ultrasound).
- BI-RADS 1 – Negative examination with no masses, suspicious calcifications, or areas of architectural distortion.
- BI-RADS 2 – Consistent with benign findings (eg, secretory calcifications, simple cysts, fat-containing lesions, calcified fibroadenomas, implants, intramammary lymph nodes).
- BI-RADS 3 – Probably benign (risk of malignancy below 2%) with a shortened follow-up interval to determine stability. Must include a non-palpable, circumscribed mass on a baseline mammogram; a focal asymmetry, which becomes less dense on spot compression images, or a solitary group of punctate calcifications.
- BI-RADS 4 – A suspicious abnormality, which is subdivided further into subcategories:
 - (a) low probability of malignancy
 - (b) intermediate chance of malignancy (10-50%)
 - (c) high probability of malignancy (50-95%)
- BI-RADS 5 – Highly suggestive of malignancy (greater than 95%).

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- BI-RADS 6 – Pathology proven malignancy.

C. Definitions

- **Body Surface Area (BSA)** – A metric used for physiologic measurements, pharmacologic dosing, and therapeutic calculations, including the Schnur Sliding Scale for breast reduction surgery.
- **Cosmetic Procedures** – Procedures performed for aesthetic purposes that do not improve or restore physiologic function.
- **Functional/Physical or Physiological Impairment** – 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 perform physical activities and is exhibited by difficulties in physical and motor tasks, independent movement, or performing basic life functions.
- **Gynecomastia** – Enlargement of the male breast secondary to a proliferation of ductal, stromal, and/or fatty tissue.
- **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.
- **Macromastia (Breast Hypertrophy)** – An increase in the volume and weight of breast tissue relative to the general body habitus.
- **Mammography** – An imaging technique that uses low-energy x-rays to examine breast tissue for diagnosis and screening.
- **Symptomatic Breast Hypertrophy** – A syndrome of persistent neck and shoulder pain, shoulder grooving from brassiere straps, chronic intertriginous rash of the infra-mammary 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.
- **Schnur Sliding Scale** – Used in calculating the amount of breast tissue to be removed in reduction mammoplasty (Appendix A).

D. Policy

- I. CareSource considers breast reduction surgery for macromastia medically necessary when **ALL** the following criteria are met:
 - A. Member is 18 years or older or under 18 years with documented evidence that breasts have finished growing for a minimum of one year. Parental/guardian consent is required for members under age 18.
 - 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

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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
 11. upper or lower back pain
- C. 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.
- D. 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 years of age.
 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 years of age 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, *Breast Reconstruction Surgery*, for additional information.
- III. For males, cosmetic removal of excess breast tissue is not a covered benefit. Removal of breast tissue is considered medically necessary when a breast mass is expected or felt. This must be accompanied by documentation of a mammogram with a BI-RADS of 4 or higher in each breast that is surgically reduced.
- IV. Schnur Sliding Scale
- The Schnur Sliding Scale is an evaluation tool used to determine the appropriate volume of tissue to be removed relative to a member'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.
- A. 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 member's BSA.
 - B. The BSA in meters squared (m^2) is calculated using the Mosteller formula (square root of the result of height (inches) multiplied by weight (lbs) and divided by 3131).

Appendix A: Schnur Sliding Scale

Body Surface Area and Minimum Requirement for Breast Tissue Removal	
Body Surface Area (m²)	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

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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

E. State-Specific Information

N/A

F. Conditions of Coverage

N/A

G. Related Policies/Rules

Breast Reconstruction Surgery

Medical Necessity Determinations

H. Review/Revision History

DATE		ACTION
Date Issued	01/18/2023	New policy
Date Revised	03/15/2023	Revised D.I, D.I.A., D.II. and D.II.A. Updated references. Approved at Committee.
	06/21/2023	Removed II. C. Updated references. Approved at Committee.

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	02/28/2024	Revision: editorial changes, removed definitions, expanded policy to cover members under 18 years of age, and updated references. Approved at Committee.
	04/24/2024	Revision: added BI-RADS to background, aligned gynecomastia surgery with EOC, added Section III, added references. Approved at Committee.
Date Effective	08/01/2024	
Date Archived		

I. References

1. Billa E, Kanakis GA, Goulis DG. Imaging in gynecomastia. *Andrology*. 2021;9(5):1444-1456. doi:10.1111/andr.13051
2. Biro FM, Chan YM. Normal puberty. UpToDate. Updated October 25, 2023. Accessed April 15, 2024. www.uptodate.com
3. Briefing paper: plastic surgery for teenagers. American Society of Plastic Surgeons. Accessed April 15, 2024. www.plasticsurgery.org
4. *CareSource Marketplace 2024 Evidence of Coverage Georgia*. Caresource; 2024. Accessed April 15, 2024. www.caresource.com
5. *CareSource Marketplace 2024 Evidence of Coverage Indiana*. Caresource; 2024. Accessed April 15, 2024. www.caresource.com
6. *CareSource Marketplace 2024 Evidence of Coverage Kentucky*. Caresource; 2024. Accessed April 15, 2024. www.caresource.com
7. *CareSource Marketplace 2024 Evidence of Coverage Ohio*. Caresource; 2024. Accessed April 15, 2024. www.caresource.com
8. *CareSource Marketplace 2024 Evidence of Coverage West Virginia*. Caresource; 2024. Accessed April 15, 2024. www.caresource.com
9. Guliyeva G, Cheung JY, Avila FR, et al. Effect of reduction mammoplasty on pulmonary function tests: a systematic review. *Ann Plast Surg*. 2021;87(6):694-698. doi:10.1097/SAP.0000000000002834
10. Hansen J, Chang S. Overview of breast reduction. UpToDate. Updated April 19, 2023. Accessed April 15, 2024. www.uptodate.com
11. Holzmer SW, Lewis PG, Landau MJ, et al. Surgical management of gynecomastia: a comprehensive review of the literature. *Plast Reconstr Surg Glob Open*. 2020;8(10):e3161. doi:10.1097/GOX.00000000000003161
12. Kanakis GA, Norkap L, Bang AK, et al. EAA clinical practice guidelines—gynecomastia evaluation and management. *Andrology*. 2019;7(6):778-793. doi:10.1111/andr.12636
13. Kimia R, Magee L, Caplan HS, et al. Trends in insurance coverage for adolescent reduction mammoplasty. *Am J Surg*. 2022;224(4):1068-1073. doi:10.1016/j.amjsurg.2022.07.030
14. Klement KA, Hijjawi BJ, Neuner J, et al. Discussion of preoperative mammography in women undergoing reduction mammoplasty. *Breast J*. 2019;25(3):439-44. doi:10.1111/tbj.13237

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

15. Knox JA, Nelson DA, Latham KP, et al. Objective effects of breast reduction surgery on physical fitness. *Ann Plast Surg.* 2018;80(1):14-17. doi:10.1097/SAP.0000000000001167
16. Lewin R, Liden M, Lundberg J, et al. Prospective evaluation of health after breast reduction surgery using the Breast-Q, Short-Form 36, Breast-Related Symptoms Questionnaire, and Modified Breast Evaluation Form. *Ann Plast Surg.* 2019;83(2):143-151. doi:10.1097/SAP.0000000000001849
17. Magny SJ, Shikhman R, Keppke AL. *Breast Imaging Reporting and Data System.* StatPearls Publishing; 2024. Accessed April 15, 2024. www.ncbi.nlm.nih.gov
18. Morrison KA, Vernon R, Choi M, et al. Quantifying surgical complications for reduction mammoplasty in adolescents. *Plast Reconstr Surg.* 2023;151(3):376e-383e. doi:10.1097/PRS.00000000000009905
19. Nuzzi LC, Firriolo JM, Pike CM, et al. The effect of reduction mammoplasty on quality of life in adolescents with macromastia. *Pediatrics.* 2017;140(5):e20171103. doi:10.1542/peds.2017-1103
20. Nuzzi LC, Pramanick T, Walsh LR, et al. Optimal timing for reduction mammoplasty in adolescents. *Plast Reconstr Surg.* 2020;146(6):1213-1220. doi:10.1097/PRS.00000000000007325
21. Patel K, Corcoran J. Breast reduction surgery in adolescents. *Pediatr Ann.* 2023;52(1):e31-e35. doi:10.3928/19382359-20221114-06
22. Perdakis G, Dillingham C, Boukavalas S, et al. American Society of Plastic Surgeons evidence-based clinical practice guideline revision: reduction mammoplasty. *Plast Reconstr Surg.* 2022;149(3):392e-409e. doi:10.1097/PRS.00000000000008860
23. Perez-Panzano E, Gascon-Catalan A, Sousa-Dominguez R, et al. Reduction mammoplasty improves levels of anxiety, depression and body image satisfaction in patients with symptomatic macromastia in the short and long term. *J Psychosom Obstet Gynaecol.* 2017;38(4):268-275. doi:10.1080/0167482X.2016.1270936
24. Reduction mammoplasty: A-0274. MCG. 28th ed. Updated February 1, 2024. Accessed April 15, 2024. www.careweb.careguidelines.com
25. Reeves RA, Kaufman T. *Mammography.* StatPearls Publishing; 2023. Updated July 24, 2023. Accessed April 15, 2024. www.ncbi.nlm.nih.gov
26. Sears ED, Lu YT, Swiatek PR, et al. Use of preoperative mammography during evaluation for nononcologic breast reduction surgery. *JAMA Surg.* 2019;154(4):356-358. doi:10.1001/jamasurg.2018.4875
27. Xia TY, Scomacao I, Duraes E, et al. Aesthetic, quality-of-life, and clinical outcomes after inferior pedicle oncoplastic reduction mammoplasty. *Aesthetic Plast Surg.* 2023;47(3):905-911. doi:10.1007/s00266-023-03257-7
28. Zeiderman MR, Kelishadi SS, Tutela JP, et al. Reduction mammoplasty: intraoperative weight versus pathology weight and its implications. *Eplasty.* 2017;17:e32. Accessed April 15, 2024. www.pubmed.ncbi.nlm.nih.gov

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