

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 72**

POLICY TITLE: CRITERIA FOR THE COVERAGE OF REDUCTION MAMMOPLASTY

POLICY STATEMENT: Medical Associates Health Plans has established specific criteria that must be met in order to provide coverage for reduction mammoplasty. The purpose of this policy is to identify the criteria to be applied consistently to all cases where coverage is being requested.

Purpose: This document applies to eligible individuals who meet the clinical criteria and who have coverage under the scope and limitations of their benefit package. Services which are medically appropriate or indicated may not be approved for coverage based on exclusions and limitations of the benefit package.

1) Policy:

- a) Services and supplies required for a reduction mammoplasty are eligible for coverage for both women and men dependent upon **all** of the following:
 - The existence of disabling physical symptoms which evidence suggests are directly attributable to breast hypertrophy and are not amenable to other forms of treatment.
 - The surgical procedure is anticipated to produce a significant functional improvement.
 - Clinical indications are documented.
 - Psychological symptoms as described below in Exclusions are not the sole basis for establishing medical necessity.
- b) Authorization for the mammoplasty may be approved for either an inpatient or outpatient setting, depending upon factors such as candidate selection criteria, the procedure selected, the amount of breast tissue to be removed, and the candidate's access to adequate post-operative home health care.
- c) Photographs of the breasts are to be submitted for review of medical necessity and authorization of the procedure.
- d) Medical records from the primary care physician or treating physician are required to support the extent and duration of symptoms reported to, and by the surgeon.
- e) Criteria for reduction mammoplasty due to macromastia include documentation and evaluation of **all** of the following:
 - Age 18 or over and has completed puberty
 - The individual is no more than BMI of 33
 - Estimated amount of tissue proposed for removal: The amount of breast tissue to be removed is documented and is in relation to the patient's body type.
 - Brassiere size to include chest circumference and cup size
 - Presence of shoulder grooving
 - Clinical significant functional impairment verified by medical records (i.e., primary care, orthopedic, physical therapy). Back, neck, shoulder pain, & headaches that persist after other causes have been ruled out for 6 months or greater.

- 2) History and physical with appropriate laboratory results are performed to rule out medically correctable causes of gynecomastia.

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- 3) The Schnur Sliding Scale Table may be used to determine medical necessity. Body surface area along with the threshold for the average weight of breast tissue removed is incorporated into the chart to indicate the medical necessity of the breast reduction surgery. See attachment C.
- 4) **Limitations:**
 - a) Contralateral symmetry surgery to bring a breast into symmetry with a post-mastectomy reconstructed breast may be considered where specifically mandated by contractual benefit language or state law.
- 5) **Exclusions:**
 - a) A determination of medical necessity for reduction mammoplasty for macromastia or gynecomastia cannot be made based on **any** of the following:
 - Psychological and/or sociological complaints including **any** of the following:
 - Body image
 - Embarrassment
 - Poor social interaction
 - Inability to find comfortably fitting clothes
 - Inability to participate in physical activities including **any** of the following:
 - High impact aerobics
 - Gymnastics
 - Running
 - Difficulty with hygiene including intertrigo because conservative management will reduce or correct the problem
- 6) Requests for coverage for reduction mammoplasty that appear to NOT meet criteria will be reviewed by the Chief Medical Officer.
- 7) Medicare enrollees who meet Medicare guidelines will have authorization entered into system. No letters will be sent. Coverage is dependent upon Medicare approval and payment.
- 8) Attachments:

Appendix A	Female Reduction Mammoplasty Worksheet
Appendix B	Male Reduction Mammoplasty Worksheet
Appendix C	Body Surface Area Calculator
Appendix D.	Schnur Sliding Scale Table

References: American Academy of Plastic Surgeons
Other Major Health Plan Payors

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Appendix A

FEMALE REDUCTION MAMMOPLASTY WORKSHEET

Patient Name: _____

Date: _____ PCP: _____ Specialist: _____

1) DATA REVIEW

a) Sex: ____ Age: ____ Weight: ____ Height: ____ Date of Onset: _____

b) Brassiere Size: _____ Cup Size: _____

c) Non-Returnable Color Photographs (Clavicle to Waistline, Anterior / Lateral Views)

	Attached	Anticipated Receipt Date	Not available
Anterior View	_____	_____	_____
Lateral Views	_____	_____	_____

d) Type of Procedure Requested: _____

Estimated Grams of Tissue to be Removed: _____

e) Physical Symptoms including Duration (Confirmed by Medical Record Notes):

f) Previous Conservative Therapy including Duration (Confirmed by Medical Record Notes):

Appendix B

MALE REDUCTION MAMMOPLASTY WORKSHEET

Patient Name: _____

Date: _____ PCP: _____ Specialist: _____

1) DATA REVIEW:

a) Sex: ___ Age: ___ Weight: ___ Height: _____ Date of Onset: _____

b) Non-Returnable Color Photographs
(Clavicle to Waistline, Anterior / Lateral Views, Supine / Upright Position)

	Attached	Anticipated Receipt Date	Not Available
Anterior View	_____	_____	_____
Lateral Views	_____	_____	_____

c) Type of Procedure Requested: _____

d) Physical Symptoms including Duration (Confirmed by Medical Record Notes):

e) Previous Conservative Therapy including Duration (Confirmed by Medical Record Notes):

APPENDIX C

Calculates Body Surface Area for medication doses and includes descriptive statistics.

Step 1. Enter Height & Weight then click "Calculate".

Weight: pounds ▼ can convert lbs to kg

Height: inches ▼ or 5' ▼ 6" ▼

using Formula: ▼
click for info re: [Body Surface Area formulas](#)

Body Surface Area =
 m²

Step 2. Safety Check. Set Age and Gender, then re-Calculate.

Age: years or ▼

Gender: ▼

Body description:

Step 3. Optional Medication Dose Calculator

Multiply **BSA** m²
 x Dose/m²
 equals

Additional Statistics:

Height is at:	<input type="text"/>	Compared to others of same Age
Weight is at:	<input type="text"/>	
Weight is at:	<input type="text"/>	Compared to others of same Height

Other formulas:

Body Mass Index:	<input type="text"/> kg/m ²
Lean Body Weight:	<input type="text"/>
Ideal Body Weight:	<input type="text"/>

APPENDIX D

The Schnur Sliding Scale chart is an evaluation method for physicians to use on individuals considering breast reduction surgery. This method was developed by a plastic surgeon for use in a study that was done to determine the number of women who had breast reduction surgery for medical reasons only. Body surface area, along with average weight of breast tissue removed is incorporated into the chart to indicate the reason/motivation of the individual for breast reduction surgery. If the individual's body surface area and weight of breast tissue removed fall below the lower 22nd percentile, then the surgery is deemed not medically necessary. If the individual's body surface area and weight of breast tissue removed fall above the 22nd percentile, then the surgery is considered medically necessary with the appropriate criteria.

**Body surface area and cutoff weight
of average breast tissue removed**

Body Surface Area (m²)	<u>Average grams of tissue per breast to be removed</u>
1.35	199
1.40	218
1.45	238
1.50	260
1.55	284
1.60	310
1.65	338
1.70	370
1.75	404
1.80	441
1.85	482
1.90	527
1.95	575
2.00	628
2.05	687
2.10	750
2.15	819
2.20	895
2.25	978
2.30	1068
2.35	1167
2.40	1275
2.45	1393

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Body Surface Area (m²)	<u>Average grams of tissue per breast to be removed</u>
2.50	1522
2.55	1662
2.60	1806
2.65	1972
2.70	2154
2.75	2352
2.80	2568
2.85	2804
2.90	3061
2.95	3343
3.00	3650
3.05	3985
3.10	4351
3.15	4750
3.20	5186
3.25	5663
3.30	6182
3.35	6750
3.40	7369
3.45	8045
3.50	8783
3.55	9589
3.60	10468
3.65	11428
3.70	12476
3.75	13619
3.80	14867
3.85	16230
3.90	17717
3.95	19340
4.00	21112
4.05	23045
4.10	25156
4.15	27459

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Body Surface Area (m²)	<u>Average grams of tissue per breast to be removed</u>
4.20	29972
4.25	32716
4.30	35710
4.35	38977
4.40	42543
4.45	46435
4.50	50682
4.55	55316
4.60	60374
4.65	65893
4.70	71915
4.75	78487
4.80	85658

¹ Schnur, Paul L, et al., "Reduction Mammoplasty: Cosmetic or Reconstructive Procedure?" Annals of Plastic Surgery. Sept 1991; 27 (3): 232-7.