

Policy: MP068

Section: Medical Benefit Policy

Subject: Reduction Mammoplasty

I. Policy: Reduction Mammoplasty

II. Purpose/Objective:

To provide a policy of coverage regarding Reduction Mammoplasty

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:

Reduction mammoplasty is a surgical procedure to remove substantial breast tissue (skin and underlying glandular tissue).

LIMITATIONS:

For members enrolled in product lines in which reduction mammoplasty is not specifically excluded, **Prior Authorization by a Medical Director or designee is Required.**

CRITERIA:

For those members enrolled in product lines in which reduction mammoplasty is not specifically excluded, the following criteria will be used to determine eligibility for coverage.

- a Physician provided documentation of a diagnosis of macromastia; **and**
- b Documented chronic pain due to macromastia defined by **all** of the following criteria
 - Pain that affects the activities of daily living for a minimum of 6 months
 - Pain is documented in the medical record to involve
 - Upper back and/or
 - Neck/shoulders
 - Ulceration or pain/grooving from cutting of bra straps

and

- c For members 40 years of age or older, a mammogram that was negative for cancer has been completed within the year prior to the planned reduction mammoplasty;

and

- d Average weight of tissue planned to be removed in each breast, is above the 22nd percentile on the Schnur Sliding Scale based on the patient's body surface area (BSA)*. (See Attachment A for Listing)

*To calculate body surface area (BSA):

$$BSA (m^2) = ([\text{height (cm)} \times \text{weight (kg)}] / 3600)^{1/2}$$

If the proposed total grams of tissue is less than the 22nd percentile on the Schnur scale, clinical documentation to support the proposed tissue removal must be submitted for determination.

CODING ASSOCIATED WITH: REDUCTION MAMMAPLASTY

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 2/23/93

Revised: 3/96, 9/99, 3/02, 3/04, 3/06, 3/07, 3/10 (removed link), 8/11(criteria updated); 2/16 (revised criteria), 7/16 (Gender Language)

Reviewed: 3/03, 3/08, 3/09, 3/11, 7/12, 7/13, 7/14, 2/17, 2/18, 2/19

Attachment A

**Schnur Sliding Scale
Body Surface Area and Cutoff Weight of Breast Tissue Removed**

Body Surface Area (m²)	Minimum Grams of Breast Tissue to be Removed (per Breast) 22nd Percentile
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
2.50	1522
2.55	1662

*Schnur Sliding Scale (Schnur, et al., 1991)