

n00229

## Reduction Mammoplasty Medical

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS/NH TPA) utilization management (UM) team applies review guidelines for determinations involving medical necessity for reduction mammoplasty reconstruction surgery. This policy provides guidance for approving these procedures. Reduction mammoplasty is the surgical reconstruction of the breast to reduce size and weight of mammary tissue. Reduction mammoplasty should be delayed until a girl's breast tissue is fully matured, usually at 16 or 17 years of age.

#### **Policy Detail:**

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership. In the absence of a Medicare National/Local Coverage Determination this medical policy would apply to our Medicare Advantage membership.

#### **Procedure Detail:**

- I. Description
  - A. Reduction mammoplasty is the surgical reconstruction of the breast to reduce size and weight of mammary tissue.
- II. Medical Indications/Criteria:
  - A. Medical Conditions & Diagnosis
    1. Breast macromastia, breast hypertrophy, or breast gigantism by physical examination with bra size D cup or larger; **AND**
    2. Estimated excess breast tissue to be removed as determined by the Schnur Sliding (see appendix A or B); **AND**
    3. Pain in upper back, neck and/or shoulders resulting in interference with activities of daily living, not responding to conservative treatment for at least three (3) months. The pain should not be primarily associated with another diagnosis (e.g. arthritis); **OR**
    4. Ulceration of skin of shoulder **OR** shoulder grooving not responding to

conservative treatment **OR** intertrigo between the breast and chest wall.

- B. Documentation Required (**ALL** required)
    - 1. Pertinent medical records from primary care practitioner and/or surgeon that reflect: the patient's height and weight; the anticipated amount of breast tissue to be removed; that the size and shape of breast is causing the symptoms; the breast size has been stable for six (6) months; the conservative treatment course that has been tried for at least three (3) months; **AND**
    - 2. No evidence of breast cancer as evidenced by:
      - a. a normal mammogram for adults age 40 years and over; **OR**
      - b. a normal breast exam for individuals under 40 years of age; **AND**
    - 3. If member/participant is under the age of 18, signature of parent or guardian.
  - C. Treatment options completed prior to procedure without resolution of symptoms:
    - 1. A course of conservative therapy, such as an appropriate support bra, exercises, heat/cold treatment, and appropriate non-steroidal anti-inflammatory agents/muscle relaxants for at least three (3) months.
  - D. Reduction Mammoplasty is not a covered benefit if the above indications are not met and would be considered as cosmetic surgery and/or surgical treatment of obesity.
- III. Coverage:
- A. NHP/NHIC/NHAS may extend coverage for reduction mammoplasty for medically necessary indications as noted in this policy.
  - B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.
- IV. Limitations/Exclusions:
- A. NHP considers reduction mammoplasty for any other indication not medically necessary.
  - B. Cosmetic surgery to reshape the breasts to improve appearance is not a covered benefit.
  - C. The procedure will not be approved until breast size is stable for at least 6 months.
- V. Attachments
- A. Appendix A. The Schnur Sliding Scale Chart (Height and Weight)
  - B. Appendix B The Schnur Sliding Scale Chart (BSA)

#### Appendix A - The Schnur Sliding Scale Chart (Height and Weight)

#### n00229 Reduction Mammoplasty Medical Policy - Minimum Grams of Tissue Planned for Removal

Minimum number of grams of tissue to be removed from each breast. Round weight upward if between listed increments. Removal of more tissue is permissible.

<b>110 pounds</b> 4'10" - 5'2" 250 grams 5'3" - 5'8" 300 grams 5'9" - 6'0" 350 grams	<b>200 pounds</b> 4'10" - 5'1" 500 grams 5'2" 550 grams 5'3" - 5'5" 600 grams 5'6" - 5'7" 650 grams 5'8" - 5'10" 700 grams 5'11" - 6'0" 750 grams
<b>120 pounds</b> 4'10" - 4'11" 250 grams 5'0" - 5'4" 300 grams 5'5" - 5'10" 350 grams 5'11" - 6'0" 400 grams	<b>210 pounds</b> 4'10" 500 grams 4'11" - 5'1" 550 grams 5'2" - 5'3" 600 grams 5'4" - 5'5" 650 grams 5'6" - 5'8" 700 grams 5'9" - 5'10" 750 grams 5'11" - 6' 850 grams
<b>130 pounds</b> 4'10" - 5'2" 300 grams 5'3" - 5'7" 350 grams 5'8" - 5'10" 400 grams 5'11" - 6'0" 450 grams	<b>220 pounds</b> 4'10" 500 grams 4'11" - 5'1" 550 grams 5'2" - 5'3" 600 grams 5'4" - 5'5" 650 grams 5'6" - 5'8" 700 grams 5'9" - 5'10" 750 grams 5'11" - 6'0" 850 grams
<b>140 pounds</b> 4'10" - 4'11" 300 grams 5'0" - 5'4" 350 grams 5'5" - 5'7" 400 grams 5'8" - 6'0" 450 grams	<b>230 pounds</b> 4'10" 550 grams 4'11" - 5'0" 600 grams 5'1" - 5'2" 650 grams 5'3" - 5'4" 700 grams 5'5" - 5'6" 750 grams 5'7" - 5'9" 850 grams 5'10" - 5'11 900 grams 6'0" 1000 grams
<b>150 pounds</b> 4'10" - 5'2" 350 grams 5'3" - 5'4" 400 grams 5'5" - 5'9" 450 grams 5'10" - 6'0" 500 grams	<b>240 pounds</b> 4'10" 600 grams 4'11" - 5'0" 650 grams 5'1" - 5'2" 700 grams 5'3" - 5'4" 750 grams 5'5" - 5'7" 850 grams 5'8" - 5'9" 900 grams 5'10" - 5'11 1000 grams 6'0" 1100 grams

<b>160 pounds</b> 4'10" - 4'11" 350 grams 5'0" - 5'2" 400 grams 5'3" - 5'7" 450 grams 5'8" - 5'9" 500 grams 5'10" - 6'0" 550 grams	<b>250 pounds or more</b> 4'10" 650 grams 4'11" - 5'1" 700 grams 5'2" 750 grams 5'3" - 5'5" 850 grams 5'6" - 5'7" 900 grams 5'8" - 5'9" 1000 grams 5'10" - 5'11" 1100 grams 6'0" 1200 grams
<b>170 pounds</b> 4'10" - 4'11" 400 grams 5'0" - 5'4" 450 grams 5'5" - 5'7" 500 grams 5'8" - 5'9" 550 grams 5'10" - 6'0" 600 grams	
<b>180 pounds</b> 4'10" - 5'1" 450 grams 5'2" - 5'5" 500 grams 5'6" - 5'7" 550 grams 5'8" - 5'9" 600 grams 5'10" - 6'0" 650 grams	
<b>190 pounds</b> 4'10" - 5'0" 450 grams 5'1" - 5'2" 500 grams 5'3" - 5'5" 550 grams 5'6" - 5'7" 600 grams 5'8" - 5'9" 650 grams 5'10" - 6'0" 700 grams	

Appendix B - Schnur Sliding Scale Chart (BSA)

Body Surface Area (m <sup>2</sup> )	<u>Average grams of tissue per breast to be removed</u>	Body Surface Area (m <sup>2</sup> )	<u>Average grams of tissue per breast to be removed</u>
1.35	199	3.10	4351
1.40	218	3.15	4750
1.45	238	3.20	5186
1.50	260	3.25	5663

1.55	284	3.30	6182
1.60	310	3.35	6750
1.65	338	3.40	7369
1.70	370	3.45	8045
1.75	404	3.50	8783

1.80	441	3.55	9589
1.85	482	3.60	10468
1.90	527	3.65	11428
1.95	575	3.70	12476
2.00	628	3.75	13619
2.05	687	3.80	14867
2.10	750	3.85	16230
2.15	819	3.90	17717
2.20	895	3.95	19340
2.25	978	4.00	21112
2.30	1068	4.05	23045

2.35	1167	4.10	25156
2.40	1275	4.15	27459
2.45	1393	4.20	29972
2.50	1522	4.25	32716
2.55	1662	4.30	35710
2.60	1806	4.35	38977

2.65	1972	4.40	42543
2.70	2154	4.45	46435
2.75	2352	4.50	50682
2.80	2568	4.55	55316
2.85	2804	4.60	60374
2.90	3061	4.65	65893
2.95	3343	4.70	71915
3.00	3650	4.75	78487
3.05	3985	4.80	85658

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

## Related Documents:

CPT Codes\*:

19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
*CPT codes are subject to change as codes are retired or new ones developed	

## References:

- A. CMS Medicare Local Coverage Determination, Reduction Mammoplasty, L35001
- B. DuBois, D, DuBois EF. A Formula to Estimate the Approximate Surface Area if Height and Weight be Known. Arch Int Med. 1916;17:863-871
- C. Hansen, J, Chang, S. Overview of Breast Reduction. Up to Date. January 2/17/2021
- D. MCG Ambulatory Care 29th Edition, Reduction Mammoplasty A-0274
- E. Schnur PL, Hoehn JG, Listrup DM, Chaoy MJ, Chu C. Reduction Mammoplasty: Cosmetic or Reconstructive Procedure? Ann Plast Surg. 1991;27:232-237.

## Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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12/16/2021 – annual review, used correct citing for BSA table, grammar, formatting, references updated  
12/28/2021 - annual review, removed BSA and use only Schnur, grammar, formatting, references updated  
(approved by e- vote by MPC Committee) 02/15/2022-Consent - realized that a change presented at committee  
was not captured in HCC including that change now (committee approved policy by e-vote with the original  
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12/15/2022 – annual review, grammar, formatting and references updated. Approved at MPC on 12/15/2022.  
12/14/2023 annual review, grammar, formatting and references updated. Approved at MPC on 12/14/2023.  
12/12/2024-annual review, grammar, formatting and references updated, updated approving committee  
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committee.