

## Medical Affairs Policy & Procedure

**Title/Service:** Reduction Mammoplasty for Female Macromastia

<b>Revised</b>	
<b>Reviewed</b>	06/22/01, 09/26/03, 02/25/05, 09/22/06, 11/16/07, 11/21/08, 12/28/09, 07/27/10, 09/16/2011
<b>Developed</b>	06/22/01
<b>Policy Committee Approval</b>	09/16/2011

### **Description:**

Reduction mammoplasty is the surgical reduction of breast size for female patients with abnormally large breasts. Macromastia (abnormally large breasts) may cause symptoms in the neck, shoulders, or back.

### **Indications of Coverage:**

Reduction mammoplasty is considered medically necessary for the treatment of macromastia if **ALL** of the following conditions are met:

- A. Photographs show abnormally large breasts. (Grooving in the shoulders from bra straps may be evident in the photographs.)
- B. The medical record documents a history of chronic intertriginous dermatitis **AND** one of the following;
  1. Pain symptoms (headaches, neck pain, shoulder pain, upper back pain) that have been present for at least one year and are directly attributable to the condition of macromastia
  2. Xray documentation of an abnormal kyphosis (forward curve) of the spine that is directly attributable to the macromastia.
- C. An evaluation by a physician other than the one performing the procedure (consulting physician) documents that the symptoms are primarily due to macromastia and other possible causes of the symptoms have been ruled out.
- D. Failure of a three-month trial of conservative therapy that must include:
  1. A back strengthening program (physical therapy/chiropractic treatments/exercise) with the concurrent use of anti-inflammatory medications

2. Use of two topical agents (powder, steroid cream, antifungal cream) to treat any skin conditions if intertriginous (between the folds/underneath the breasts) dermatitis is described, as documented in clinical notes and/or photographs
  3. Improved bra support and wider bra straps.
- E. Information from the provider performing the procedure that the amount of tissue that is expected to be removed meets the Schnur Scale criteria based on the patient's body surface area (BSA). See the table at the end of this guideline for minimum requirements. BSA is determined using the following formula:

$$\frac{\text{The square root of} \\ \text{Patient's height (inches) x Patient's weight (pounds)}}{3131}$$

- F. The individual is at least eighteen years of age

**Limitations of Coverage:**

- A. Review contract and endorsements for exclusions and prior authorization or benefit requirements.
- B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.
- C. If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.
- D. Reduction mammoplasty for the purpose of treating psychological or psychosocial (a psychological condition influenced by the individual's social environment) symptoms without meeting the objective criteria listed above is considered not medically necessary.

**Documentation Required:**

- Office notes from the consulting or referring physician
- Office notes from the surgeon performing the procedure that must note the amount of breast tissue that is expected to be removed
- Photographs
- Xray report if the primary condition is kyphosis

## **Rationale:**

The cause of macromastia is unknown. Reduction mammoplasty has been used for the treatment of back, neck, and shoulder pain presumed to be the result of large breasts, and is one of the most commonly performed cosmetic procedures. The criteria above have been established to differentiate between reduction mammoplasty performed for a medically necessary indication versus reduction mammoplasty performed solely for cosmetic purposes, which would generally not be a covered benefit.

Theoretically, removing excess breast tissue will relieve the symptoms associated with large breasts. There is, however, minimal peer-reviewed literature from controlled clinical trials supporting this idea. The few studies that are available are generally of poor quality in that the control groups are limited, there has been no evaluation of the minimal amount of tissue that can be removed to minimize the individual's symptoms, and there are few studies evaluating the effectiveness of surgical intervention in comparison to standard medical management, including weight loss, adequate support, oral medications, and physical therapy. Additionally, criteria for identifying the individual who may benefit from reduction mammoplasty has not been definitively established, and currently are widely varied. Therefore, there is insufficient peer-reviewed scientific literature supporting the effectiveness of reduction mammoplasty.

In the absence of clear guidelines supported by clinical trials regarding the amount of tissue to be removed, there is concern that removal of an insufficient amount of tissue may not be successful in relieving the symptoms. The American Society of Plastic Surgeons (ASPS) position statement recommends that the necessity of reduction mammoplasty should be based on the probability of relieving symptoms, not the amount of breast tissue that is expected to be removed. This position is not supported by any other national professional organization. Since no definitive, supportable guidelines have been established, the Schnur scale is widely recommended as the basis for establishing the necessity of the reduction mammoplasty procedure based on the amount of tissue being removed.

Recent studies have recommended that reduction mammoplasty not be considered until the breasts are fully developed, which occurs at approximately eighteen years of age.

The ASPS recommends that reduction mammoplasty be reserved for those individuals who are symptomatic and where the condition negatively impacts quality of life and who have findings of chronic breast pain, a skin condition which is unresponsive to medical management, shoulder grooving from bra straps, and upper back, neck and shoulder pain.

## **References:**

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4. Iwuagwu OC, Stanley PW, Platt AJ, Drew PJ. Reduction mammoplasty: The need for prospective randomized studies. Plast Reconstr Surg. 2004; 113(1):436-437.
5. Kerrigan CL, Collins ED, Kim HM, Schnur PL, Wilkins E, Cunningham B, Lowery J. Reduction mammoplasty: defining medical necessity. Med Decis Making. 2002 May-Jun; 22(3):208-17.
6. McGrath MH, Schooler WG. Elective plastic surgical procedures in adolescence. Adolesc Med Clin. 2004 Oct; 15(3):487-502.
7. Wisconsin Physicians Service Medicare Local Coverage Determination (LCD): Cosmetic and Reconstructive Surgery. LCD GSURG-032. Revision effective: 05/01/2011. Available at: [www.wpsmedicare.com/part\\_b/policy/policy\\_active.shtml](http://www.wpsmedicare.com/part_b/policy/policy_active.shtml). Accessed: 30 Aug 11.

Minimum weight of tissue to be removed (per breast)  
For specific Body Surface Area (BSA)

Body Surface Area (m <sup>2</sup> )	Average grams of tissue per breast to be removed
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

*Approved by the Medical Director*