



**Subject: Breast Reduction**

**Revision: 4/25**

## **DESCRIPTION**

OSU Health Plan (OSUHP) utilizes this internal policy to determine the medical necessity of breast reduction surgeries. It does not apply to breast reduction surgeries to correct breast asymmetry after mastectomy.

## **APPLICABILITY**

This policy applies to all OSU Health Plan (OSUHP) benefit plans

## **DEFINITIONS**

Macromastia: Abnormally large breasts.

Intertrigo: A reddish rash that appears in skin folds, where your skin surfaces rub against each other.

Mammoplasty/Mammaplasty: A group of surgical procedures done to reshape or otherwise modify the appearance of the breast.

## **POLICY**

OSU Health Plan considers breast reduction surgery medically necessary when the documentation provided meets all the following criteria:

1. Medical records provided include all of the following:
  - a. Physical examination performed within the past year; and
  - b. History and physical (H&P) describing the chief complaint(s) and history of the complaint(s); and
  - c. Previous examination(s) and testing to rule out orthopedic, neurologic, rheumatologic, endocrine, or metabolic causes (as applicable). Medical records from the primary care physician and other providers (for example, physical therapy, orthopedic surgeon, etc.) who have diagnosed or treated the symptoms prompting this request may also be required; and
  - d. Covered person's bra size; and
  - e. Covered person's height and weight; and
  - f. Weight history showing a stable weight for a minimum of 12 months; and
2. The records document one or more of the following symptoms caused by breast size:
  - a. Arm numbness consistent with brachial plexus compression syndrome
  - b. Cervical pain
  - c. Chronic breast pain
  - d. Headaches
  - e. Nipple position greater than 21 cm below suprasternal notch
  - f. Persistent redness and erythema (intertrigo) below breasts
  - g. Restriction of physical activity
  - h. Severe bra strap grooving or ulceration of shoulder
  - i. Shoulder pain
  - j. Thoracic kyphosis
  - k. Upper or lower back pain
3. Detailed description of the impact of the symptom(s) identified related to breast size, including all the following:
  - a. Medical records describe how symptoms interfere with Activities of Daily

Living, including one or more of the following:

- i. Ambulation or mobility
- ii. Bathing
- iii. Dressing and undressing
- iv. Self-feeding
- v. Toileting
- vi. Transfers
- vii. Sleep
- viii. Work

b. High-quality color photographs must be provided, including all the following:

- i. Front and side view of breasts to document macromastia; and
- ii. Photographs of shoulder grooving (if applicable); and
- iii. Photographs of intertrigo and/or skin ulceration (if applicable); and
- iv. All photographs must be labeled with the date they were taken; and
- v. Photographs should be taken after failure of conservative treatment (not prior to initiation of nonsurgical treatments); and

4. If the amount of tissue to be removed is less than the 22<sup>nd</sup> percentile on the Schnur Scale (see Appendix), a minimum of 3 months of nonsurgical treatment fails to improve symptoms as evidenced by one or more of the following:

a. Medically supervised weight loss program if covered person is overweight or obese, including all the following:

- i. Covered person achieved significant weight loss that should have resulted in reduction of breast size and resolution of symptoms; and
- ii. Documentation includes weight loss history (such as starting weight, timeline of weight loss, etc.)

b. Topical and oral antifungal agents for intertrigo, including all the following:

- i. Documentation of the specific types of antifungal agents utilized (both oral and topical); and
- ii. Duration each agent was utilized (including dates); and

- iii. Documentation of response for each trial
  - c. Trial of nonsteroidal anti-inflammatory drugs (NSAID) to treat pain in neck, shoulder, upper or lower back, or breast, including all the following:
    - i. Documentation of the specific type of NSAID utilized; and
    - ii. Duration and frequency NSAID were taken; and
    - iii. Documentation of response
  - d. Wound care for skin ulcerations, including all the following:
    - i. Wound assessment(s) documenting size of wound, appearance and wound care provided each visit
5. Preoperative evaluation by surgeon documents the amount of breast tissue to be removed (by mass or volume) will provide a reasonable expectation of symptom relief, as evidenced by the following:
- a. The Schnur Scale will be utilized to determine if the amount of tissue to be removed (per breast) will provide a reasonable expectation of symptom relief for the member's BSA (Dubois) or if the surgery is cosmetic in nature.
    - i. If the amount plots above the 22<sup>nd</sup> percentile and all other criteria are met (conservative treatment is not required), the surgery is considered medically necessary.
    - ii. If the amount plots between the 5<sup>th</sup> and 22<sup>nd</sup> percentiles and all other criteria are met (conservative treatment is required), the surgery is considered medically necessary.
    - iii. If the amount plots below the 5<sup>th</sup> percentile, the surgery is considered cosmetic.
    - iv. The operative report may be requested upon receipt of the claim to confirm the amount of tissue removed is consistent with these criteria.
    - v. See appendix for Dubois formula and Schnur Scale.
6. Women 50 years of age and older must have a mammogram within the past year negative for breast cancer.

## PROCEDURES

When the above criteria are met, breast reduction surgery will be approved.

The following medical records should be provided for review:

- Current exam within the last year, along with all previous exams and/or testing used to treat and diagnosis the covered persons.
- Current Height, weight, and bra size.
- Medical records describing how symptoms interfere with Activities of Daily Living,
- High-quality color photographs
- A minimum of 3 months of nonsurgical treatment that failed to improve symptoms
- Preoperative evaluation by surgeon documents the amount of breast tissue to be removed
- Women 50 years of age and older must have a mammogram within the past year negative for breast cancer

## **PRIOR AUTHORIZATION**

Prior authorization is required.

## **EXCLUSIONS**

Breast reduction surgery is not covered for the following indications (not all-inclusive):

- Amount of tissue removed is less than the 5<sup>th</sup> percentile on the Schnur Scale
- Breast asymmetry not related to mastectomy
- Breast reduction for exercise intolerance
- Breast reduction for poor-fitting clothing

## **CODES**

The following code is covered when the above criteria are met.

<b>CPT CODE</b>	<b>DESCRIPTION</b>
19318	Reduction mammoplasty

## APPENDIX

Dubois Formula:  $BSA (m^2) = 0.007184 \times Ht(cm)^{0.725} \times Wt(kg)^{0.425}$

<https://www.merckmanuals.com/medical-calculators/BodySurfaceArea.htm>

Schnur Formula: Utilizing the data set in Schnur, et al. (1991), an exponential model ( $y=ae^{bx}$ ) was calculated to provide additional data points for approximation of the amount of tissue per breast to be removed.

5<sup>th</sup> percentile: Amount of breast tissue (g) =  $11.68502 \times e^{1.768321 \times BSA (m^2)}$

22<sup>nd</sup> percentile: Amount of breast tissue (g) =  $18.33 \times e^{1.767465 \times BSA (m^2)}$

<b>BSA (m<sup>2</sup>)</b>	<b>Amount of tissue per breast to be removed (g) [5<sup>th</sup> percentile]</b>	<b>Amount of tissue per breast to be removed (g) [22<sup>nd</sup> percentile]</b>
1.30	116	182
1.31	118	186
1.32	121	189
1.33	123	192
1.34	125	196
1.35	127	199
1.36	129	203
1.37	132	206
1.38	134	210

1.39	136	214
1.40	139	218
1.41	141	222
1.42	144	226
1.43	145	230
1.44	149	234
1.45	152	238
1.46	154	242
1.47	157	246
1.48	160	251
1.49	163	255
1.50	166	260
1.51	169	264
1.52	172	269
1.53	175	274
1.54	178	279
1.55	181	284
1.56	184	289
1.57	188	294
1.58	191	299
1.59	194	305
1.60	198	310
1.61	201	315
1.62	205	321
1.63	209	327
1.64	212	333
1.65	216	338
1.66	220	345
1.67	224	351
1.68	228	357
1.69	232	363
1.70	236	370

1.71	240	376
1.72	245	383
1.73	249	390
1.74	253	397
1.75	258	404
1.76	263	411
1.77	267	419
1.78	272	426
1.79	277	434
1.80	282	441
1.81	287	449
1.82	292	457
1.83	297	465
1.84	302	474
1.85	308	482
1.86	313	491
1.87	319	500
1.88	325	508
1.89	330	518
1.90	336	527
1.91	342	536
1.92	348	546
1.93	355	555
1.94	361	565
1.95	367	575
1.96	374	586
1.97	381	596
1.98	387	607
1.99	394	618
2.00	401	628
2.01	409	640
2.02	416	651

2.03	423	663
2.04	431	675
2.05	439	687
2.06	446	699
2.07	454	711
2.08	462	724
2.09	471	737
2.10	479	750
2.11	488	763
2.12	496	777
2.13	505	791
2.14	514	805
2.15	523	819
2.16	533	834
2.17	542	849
2.18	552	864
2.19	562	879
2.20	572	895
2.21	582	911
2.22	592	927
2.23	603	943
2.24	614	961
2.25	625	978
2.26	636	995
2.27	647	1,013
2.28	659	1,031
2.29	670	1,049
2.30	682	1,068
2.31	694	1,087
2.32	707	1,107
2.33	719	1,126
2.34	732	1,146

2.35	745	1,167
2.36	759	1,188
2.37	772	1,209
2.38	786	1,230
2.39	800	1,252
2.40	814	1,275
2.41	829	1,297
2.42	844	1,321
2.43	859	1,344
2.44	874	1,368
2.45	890	1,393
2.46	905	1,417
2.47	922	1,443
2.48	938	1,468
2.49	955	1,494
2.50	972	1,522
2.51	989	1,548
2.52	1,007	1,576
2.53	1,025	1,604
2.54	1,043	1,633
2.55	1,062	1,662
2.56	1,081	1,691
2.57	1,100	1,721
2.58	1,120	1,752
2.59	1,139	1,783
2.60	1,160	1,815
2.61	1,180	1,848
2.62	1,201	1,881
2.63	1,223	1,914
2.64	1,245	1,948
2.65	1,267	1,983
2.66	1,290	2,018

2.67	1,313	2,054
2.68	1,336	2,091
2.69	1,360	2,128
2.70	1,384	2,166
2.71	1,409	2,205
2.72	1,434	2,244
2.73	1,459	2,284
2.74	1,486	2,325
2.75	1,512	2,366

Note: Highlighted cells obtained from (Schnur, Hoehn, Ilstrup, Cahoy, & Chu, 1991).

## REFERENCES

Anthem. (2020, November 5). Reduction Mammoplasty. Retrieved February 03, 2021, from

[https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl\\_pw\\_d073867.html](https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl_pw_d073867.html)

Dvoracek, L. A., Gusenoff, J. A., Rubin, J. P., & Manders, E. K. (2019). Quick Calculation of Breast Resection Mass Using the Schnur Scale. *Annals of Plastic Surgery*, 82(3), 316-319.

doi:10.1097/SAP.0000000000001643

MCG. (2020). Reduction Mammoplasty (Mammoplasty). Retrieved February 03, 2021, from

<https://careweb.careguidelines.com/ed24/index.html>

Merck Manuals. (n.d.). Body Surface Area (Du Bois Method). Retrieved February 03, 2021, from

<https://www.merckmanuals.com/medical-calculators/BodySurfaceArea.htm>

Schnur, P. L., Hoehn, J. G., Ilstrup, D. M., Cahoy, M. J., & Chu, C. (1991). Reduction Mammoplasty: Cosmetic or Reconstructive Procedure? *Annals of Plastic Surgery*, 27(3), 232-237.

Siu, A. L. (2016). Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, 164(4), 279-296. doi:10.7326/M15-2886

United Healthcare. (2021). Breast Reduction Surgery. Retrieved February 03, 2021, from <https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-medical-drug%2Fbreast-reduction-surgery.pdf>