



## Breast Reduction Surgery

Last Revision/Review Date: November 14, 2018

P&P # C.5.02

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**A. Required documentation** to facilitate the authorization process referral requests must include **ALL** the following:

1. Detailed physical exam including patient's height and weight; **AND**
2. Physical or physiological functional deficits related to macromastia; **AND**
3. Appropriate clinical diagnostic studies/tests/interventions to confirm the degree of the impairment; **AND**
4. Practitioner statement of how the patient's symptoms related to macromastia will be measurably resolved by the requested breast reduction procedure; **AND**
5. Surgeon's estimated amount of breast tissue to be removed; **AND**
6. Photographs of the macromastia and associated deformity/anomaly including photographic evidence of related skin breakdown or infections.

**B. Criteria for Medical Necessity**

Breast reduction mammoplasty is considered medically necessary when **ALL** the following criteria have been met:

1. The patient is at least 18 years of age and breast growth is complete; **AND**
2. Member should have at least two (2) of the following symptoms despite a 3-month trial of therapeutic measures except where indicated:
  - a. Back/neck/shoulder pain – pain in the back, neck or shoulder is considered one symptom
  - b. Breast pain
  - c. Paresthesias of hands/arms in ulnar distribution
  - d. Pain/discomfort/skin ulceration related to permanent shoulder grooving from bra straps
  - e. Ongoing skin breakdown under breasts from overlying breast tissue with soft tissue infection, tissue necrosis, or hemorrhage or hidradenitis unresponsive to dermatological treatments and conservative measures for a period of at least 6 months.
3. Symptoms persist as documented by the practitioner despite at least a three (3) month trial of at least two (2) of the following therapeutic measures:
  - a. Physical therapy **OR**
  - b. Chiropractic treatment; **OR**
  - c. Medically supervised weight loss; **OR**
  - d. Analgesic/non-steroid anti-inflammatory drugs (NSAIDS); **OR**
  - e. Prescribed topical treatment for dermatological symptoms; **OR**
  - f. Supportive devices (i.e. proper bra support, wide bra straps).
4. The potential causes of the above conditions/symptoms (#2) other than breast size have been evaluated and **ONE** of the following apply:

- a. Other causes have been thoroughly evaluated and ruled out (e.g., intervertebral disc disorder, arthritis and rheumatologic disorders); **OR**
  - b. Breast size has been documented as exacerbating the underlying condition and contributing to symptoms.
5. The primary care physician, physiatrist or chiropractor has documented:
- a. Reasonable likelihood that member's symptoms are primarily due to macromastia, **AND**
  - b. Reduction mammoplasty is likely to improve symptoms.
6. Weight has been stable for 6-12 months.
7. The amount of breast tissue to be removed must be in accordance with Schnur criteria. The Schnur Scale (Appendix A) is a guideline to determine the estimated amount of breast tissue to be removed as it relates to the BSA of the patient. To calculate body surface, area refer to:  
<http://www.medcalc.com/body.html>.
- a. Estimates within a reasonable margin to the Schnur scale number of grams of tissue may be authorized by the reviewing MM nurse.
  - b. Cases with borderline criteria per the Schnur criteria will only be considered if the member has been evaluated by Physical Medicine and Rehab and felt to have failed conservative treatment.
  - c. If the amount of tissue to be removed is <70% of that recommended by the Schnur scale a medical director must make the decision about medical necessity.
8. For women over age 40, a negative screening mammogram within the previous year is required.
9. Coverage is limited to one procedure per lifetime of member's plan coverage.

**C. Indications Considered Experimental, Investigational, or not Medically Necessary**

- 1. Breast reduction mammoplasty is not considered medically indicated for improved body image or relief of psychological symptoms.
- 2. Women with a previous history of reduction mammoplasty under plan coverage.

**CPT/HCPCS Codes:**

19318	Reduction mammoplasty
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**REFERENCES:**

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