

Medical Policy

Reduction Mammoplasty

Policy Number: 1094

Policy History

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| Approve Date: | 06/01/2018 | Effective Date: | 06/01/2018 |
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Preauthorization

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| All Plans | Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details. NOTE: All except BadgerCare and 65+ |
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Policy

Indications of Coverage

Health Tradition considers a mastectomy or liposuction for gynecomastia to be a cosmetic procedure as gynecomastia does not result in any functional impairment. The procedure is usually performed to improve physical appearance and self-esteem. There is lack of evidence that physical intervention is more effective for pain management than conservative management. Medical management may also include the discontinuation of a drug that is causing the gynecomastia.

Note: Mastectomy is covered for the following conditions: Breast cancer and recurrent mastitis

Reduction mammoplasty is considered cosmetic for asymptomatic women with macromastia (female breast hypertrophy), which is characterized by an increase in the volume and weight of breast tissue beyond normal proportions. It can be asymptomatic, or have both physical and psychosocial manifestations. These may include headache; pain in the neck, back, shoulder or breast region; permanent bra strap grooving; intertrigo; and pain or numbness in the hands. ^{1,3,4,5}

- I. Health Tradition approves an initial evaluation with a plastic surgeon. If surgery is recommended, the plastic surgeon must submit the following clinical documentation:
 - o Indications for surgery including symptoms and duration; and
 - o Estimated amount of tissue to be removed; and
 - o Height and weight that coincide with values documented in the EMR

This information must be submitted to the Health Plan prior to the procedure.

- II. Health Tradition will approve a mammoplasty if the member meets all of the following criteria:
 - o Member is at least 18 years or breast growth is complete (breast size stable over one year); and
 - o Permanent shoulder grooving documented on physical exam; and

- Member has one of the following conditions after documented failure of at least six months of conservative treatment, which may include, but is not limited to: supportive bra with wide straps, physical therapy, prescription drug therapy/NSAIDs:
 - Functional impairment which affects activities of daily living due to severe breast, neck, back and/or shoulder pain; or
 - Upper extremity paresthesias; or
 - Painful strap mark indentations; or
 - Skin breakdown from overlying breast tissue which includes, but not limited to, tissue necrosis, severe soft tissue infection, hemorrhage or ulceration, and
 - Nicotine users who are candidates for surgery must demonstrate successful nicotine cessation via a negative nicotine blood test. As many complications are related to smoking history, this requirement is in place in order to decrease the incidence of post-operative complications, including, but not limited to, elevated skin flaps. The medical literature has shown that one cigarette will decrease blood flow by 42%; therefore, this is a significant area of concern.

III. The amount of breast tissue to be removed per breast must be at or above the 22nd percentile on the Schnur Sliding Scale based on the member's body surface area (BSA). Health Tradition UM Department will use the Mostellar calculator located in the MCHS-FH EMR for BSA. See attachment A referenced below for the Schnur Scale.

Definitions

"Pre-service Claim" means any claim for a benefit that requires approval before obtaining medical care. This includes any benefits requiring a referral, prior authorization or pre-certification, including prior authorization for prescription drugs. A Pre-service Claim also includes any situation when a member receives less of a benefit than what the member requested in terms of time, services, or duration.

References

1. ¹Boschert, M.T. et. al. Outcome analysis of reduction mammoplasty. *Plast Recon Surg.* 98:451-454, 1996.
2. ²Gonzalez, F.et.al. Reduction mammoplasty improves symptoms of macromastia. *Plast Recon Surg.* 91:1270-1276, 1993.
3. ³Berg, A. et.al. Reduction mammoplasty: A way of helping females with neck shoulder and back pain symptoms. *Eur J Plast Surg.* 17:84-6, 1994.
4. ⁴Goin, M.K. The psychological consequences of reduction mammoplasty. *Plast Recon Surg.* 59:530-534, 1977.
5. ⁵Goin, M.K. et. al. Psychological reactions to surgery of the breast. *Clin Plast Surg.* 9:347-354, 1982.
6. URAC Health Plan for Health Insurance Marketplace (HIM) Accreditation, Version 7.2, P-HUM 25-Clinical Rationale for Non-Certification Requirements
7. NCQA 2010 – UM 2 – Clinical Criteria for UM Decisions
8. Department of Labor Regulations 2650.503-1 of the Employer Retirement Income
9. Security Act of 1974 – Claims Procedure