

MEDICAL POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Breast Reduction Surgery-MP-MM-1421	08/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence o



- BI-RADS 6 Pathology proven malignancy.

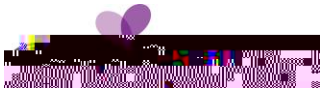
C. Definitions

- **Body Surface Area (BSA)** A metric used for physiologic measurements, pharmacologic dosing, and therapeutic calculations, including the Schnur Sliding Scale for breast reduction surgery.
- **Cosmetic Procedures** Procedures performed for aesthetic purposes that do not improve or restore physiologic function.
- **Functional/Physical or Physiological Impairment** Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired or delayed capacity to move and coordinate actions or perform physical activities and is exhibited by difficulties in physical and motor tasks, independent movement, or performing basic life functions.
- **Gynecomastia** Enlargement of the male breast secondary to a proliferation of ductal, stromal, and/or fatty tissue.
- **Intertriginous Rash** Dermatitis occurring between juxtaposed folds of skin, caused by retention of moisture and warmth and providing an environment favoring overgrowth of normal skin micro-organisms.
- **Kyphosis** Over-curvature of the thoracic vertebrae (upper back) associated with degenerative diseases, such as arthritis, developmental problems, or with osteoporotic compression fractures of vertebral bodies.
- **Macromastia (Breast Hypertrophy)** An increase in the volume and weight of breast tissue relative to the general body habitus.
- **Mammography** An imaging technique that uses low-energy x-rays to examine breast tissue for diagnosis and screening.
- **Symptomatic Breast Hypertrophy** A syndrome of persistent neck and shoulder pain, shoulder grooving from brassiere straps, chronic intertriginous rash of the infra-mammary fold and/or frequent episodes of headache, backache, and upper extremity neuropathies caused by an increase in the volume and weight of breast tissue beyond normal proportions.
- **Schnur Sliding Scale** Used in calculating the amount of breast tissue to be removed in reduction mammoplasty (Appendix A).

D. Policy

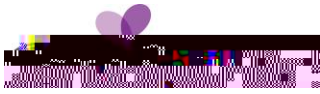
- I. CareSource considers breast reduction surgery for macromastia medically necessary when **ALL** the following criteria are met:
 - A. Member is 18 years or older or under 18 years with documented evidence that breasts have finished growing for a minimum of one year. Parental/guardian consent is required for members under age 18.
 - B. Breast size interferes with activities of daily living, as indicated by 1 or more of the following:
 1. arm numbness consistent with brachial plexus compression syndrome
 2. cervical pain
 3. chronic breast pain
 4. headaches

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.



5. nipple position greater than 21 cm below suprasternal notch
6. persistent redness and erythema (intertrigo) below breasts
7. restriction of physical activity
8. severe bra strap grooving or ulceration of shoulder
- 9.

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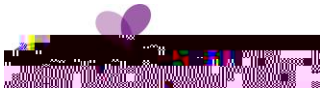


	02/28/2024	Revision: editorial changes, removed definitions, expanded policy to cover members under 18 years of age, and updated references. Approved at Committee.
	04/24/2024	Revision: added BI-RADS to background, aligned gynecomastia surgery with EOC, added Section III, added references. Approved at Committee.
Date Effective	08/01/2024	
Date Archived		

I. References

1. Billa E, Kanakis GA, Goulis DG. Imaging in gynecomastia. *Andrology*. 2021;9(5):1444-1456. doi:10.1111/andr.13051

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15. Knox JA, Nelson DA, Latham KP, et al. Objective effects of breast reduction surgery on physical fitness. *Ann Plast Surg.* 2018;80(1):14-17. doi:10.1097/SAP.0000000000001167
16. Lewin R, Liden M, Lundberg J, et al. Prospective evaluation of health after breast reduction surgery using the Breast-Q, Short-Form 36, Breast-Related Symptoms Questionnaire, and Modified Breast Evaluation Form. *Ann Plast Surg.* 2019;83(2):143-151. doi:10.1097/SAP.0000000000001849
- 17.

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