

Subject: Breast Reduction Supplement

Effective Date: 2/21

DESCRIPTION

OSU Health Plan (OSUHP) utilizes MCG[®] Care Guidelines to determine the medical necessity of breast reduction surgeries. This policy is intended to support MCG[®] Care Guideline *ACG: A-0274 (AC) Reduction Mammoplasty (Mammoplasty)* to ensure consistent application of the criteria. This supplement does not apply to breast reduction surgeries to correct breast asymmetry after mastectomy.

POLICY GUIDELINES

OSU Health Plan considers breast reduction surgery medically necessary when the documentation provided meets both the criteria in MCG[®] A-0274 and all of the following:

1. Medical record documents the history of the symptoms identified in MCG[®] A-0274, including 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. Member's bra size; and
 - e. Member's height and weight; and
2. Detailed description of the symptoms identified in MCG[®] A-0274 related to breast size, including all of the following:
 - a. Medical record describes 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
 - 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
3. Nonsurgical treatment fails to improve symptoms as evidenced by one or more of the following:
 - a. Medically supervised weight loss program if member is overweight or obese, including all of the following:

- i. Member 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 of 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 of the following:
 - i. Documentation of the specific type of NSAID utilized; and
 - ii. Duration and frequency NSAID was taken; and
 - iii. Documentation of response
 - d. Wound care for skin ulcerations, including all of the following:
 - i. Wound assessment(s) documenting size of wound, appearance and wound care provided each visit
4. 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 22nd percentile and all other criteria are met, the surgery is considered medically necessary.
 - ii. If the amount plots between the 5th and 22nd percentiles, Medical Director Review is required to determine if the surgery is medically necessary or cosmetic.
 - iii. If the amount plots below the 5th 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 this criteria.
 - v. See appendix for Dubois formula and Schnur Scale.
5. Women 50 years of age and older must have a mammogram within the past year negative for breast cancer.

EXCLUSIONS

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

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

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.

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

22nd percentile: Amount of breast tissue (g) = 18.33 x e^{1.767465 x BSA (m2)}

BSA (m²)	Amount of tissue per breast to be removed (g) [5th percentile]	Amount of tissue per breast to be removed (g) [22nd percentile]
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).

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