BlueCross BlueShield Federal Employee Program.

FEP Medical Policy Manual

FEP 7.01.21 Reduction Mammaplasty for Breast-Related Symptoms

Annual Effective Policy Date: July 1, 2024

Original Policy Date: March 2012

Related Policies:

None

Reduction Mammaplasty for Breast-Related Symptoms

Description

Description

Macromastia, or gigantomastia, is a condition that describes breast hyperplasia or hypertrophy. Macromastia may result in clinical symptoms such as shoulder, neck, or back pain, or recurrent intertrigo in the mammary folds. In addition, macromastia may be associated with psychosocial or emotional disturbances related to the large breast size. Reduction mammaplasty is a surgical procedure designed to remove a variable proportion of breast tissue to address emotional and psychosocial issues and/or to relieve the associated clinical symptoms.

OBJECTIVE

The objective of this evidence review is to evaluate the clinical situations where the evidence demonstrates that reduction mammoplasty improved the net health outcome.

POLICY STATEMENT

Reduction mammaplasty may be considered **medically necessary** for the treatment of macromastia when well-documented clinical symptoms are present, including but not limited to:

- Documentation of a minimum 6-week history of shoulder, neck, or back pain related to macromastia not responsive to conservative therapy, such as an appropriate support bra, exercises, heat/cold treatment, and appropriate nonsteroidal anti-inflammatory agents or muscle relaxants; OR
- Recurrent or chronic intertrigo between the pendulous breast and the chest wall.

Reduction mammaplasty is considered **investigational** for all other indications not meeting the above criteria.

POLICY GUIDELINES

The presence of shoulder, neck, or back pain is the most common stated *medical* rationale for reduction mammaplasty. However, because these symptoms and others may be subjective, Plans have implemented various selection criteria designed to be more objective. These criteria include:

- Use of photographs, providing a visual documentation of breast size or documenting the presence of shoulder grooving, an indication that the breast weight results in grooving of the bra straps on the shoulder.
- Requirement of a specified amount of breast tissue to be resected, commonly 500 to 600 grams per breast.
- Use of the Schnur Sliding Scale, which suggests a minimum amount of breast tissue to be removed for the procedure to be considered medically necessary, based on the individual's body surface area. Some Plans may use the Schnur Sliding Scale only for weight of resected tissue that falls below 500 to 600 grams.
- Requirement that the individual must be within 20% of ideal body weight to eliminate the possibility that obesity is contributing to the symptoms of neck or back pain.

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

Medical policies regarding reduction mammaplasty have focused on the distinction between a cosmetic procedure, performed primarily to improve the appearance of the breast, and a medically necessary procedure, performed primarily to relieve documented clinical symptoms. It should be noted that the emotional and psychosocial distress associated with body appearance does not constitute a *medical* rationale for reduction mammaplasty, and thus these indications would be considered cosmetic.

Determinations of whether a proposed therapy would be considered reconstructive or cosmetic should always be interpreted in the context of the specific benefits language. State or federal mandates may also dictate coverage decisions.

The requirement for the presence of functional impairment as a coverage criterion for a specific etiology may vary from Plan to Plan. It should be noted that, in general, the presence of functional impairment would render its treatment medically necessary and thus not subject to contractual definitions of reconstructive or cosmetic.

FDA REGULATORY STATUS

Reduction mammaplasty is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

RATIONALE

Summary of Evidence

For individuals who have symptomatic macromastia who receive reduction mammaplasty, the evidence includes systematic reviews, randomized controlled trials, cohort studies, and case series. Relevant outcomes are symptoms and functional outcomes. Studies have indicated that reduction mammaplasty is effective at decreasing breast-related symptoms such as pain and discomfort. There is also evidence that functional limitations related to breast hypertrophy are improved after reduction mammaplasty. These outcomes are achieved with acceptable complication rates. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Society of Plastic Surgeons

In 2011, the American Society of Plastic Surgeons (ASPS) issued practice guidelines and a companion document on criteria for third-party payers for reduction mammaplasty.[21,22,] This guideline was updated and reaffirmed in March 2021.Based on high quality evidence, the ASPS strongly recommends that "postmenarche female patients presenting with breast hypertrophy should be offered reduction mammaplasty surgery as first-line therapy over nonoperative therapy based solely on the presence of multiple symptoms rather than resection weight." The guideline goes on to state that "reduction mammaplasty surgery is considered standard of care for symptomatic breast hypertrophy." The companion document notes that medical records should document the symptoms associated with the hypertrophy the patient has experienced, and lists the following:

- "Documentation may include pain that patient experiences in the neck, back, or breasts related to movement
- Difficulties in daily activities such as grocery shopping, banking, using transportation, preparing meals, feeding, showering, etc
- Documentation of any secondary complications or infections that may have occurred as a result of hypertrophy or macromastia including intertrigo, chronic rash, cervicalgia, dorsalgia, or kyphosis
- Documentation of prior procedures or therapies may be included but not required for approval
- Photographs demonstrating the patient"s breast appearance, possible shoulder grooves and kyphosis can be included in the medical documentation
- Significant scientific evidence supports non-operative therapies should not be required prior to approval of the procedure."

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

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POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
March 2012	New policy	
March 2013	Replace policy	Policy updated with literature review; references 14, 19-20 and 23 added; Policy statements unchanged
March 2014	Replace policy	Policy updated with literature review; no references added; Policy statements unchanged
March 2015	Replace policy	Policy updated with literature review; references 20-21 added; reference 13 deleted. Policy statement added indicating reduction mammaplasty is considered not medically necessary for all other indications not meeting medically necessary criteria.
March 2017	Replace policy	Policy updated with literature review; references 14 and 22 added; Policy statements unchanged
June 2018	Replace policy	Policy updated with literature review through December 11, 2017; no references added; a citation removed as out-of-scope and references. Policy statements unchanged except not medically necessary statement corrected to "investigational".
June 2019	Replace policy	Policy updated with literature review through December 6, 2018; no references added; reference 20 updated. Policy statements unchanged.
June 2020	Replace policy	Policy updated with literature review through November 27, 2019; no references added. Policy statements unchanged.
June 2021	Replace policy	Policy updated with literature review through December 10, 2020; no references added. Policy statements unchanged.
December 2021	Replace policy	Off-cycle editorial update to policy statement only: "OR" added to first policy statement to clarify intent, which was unchanged: "Documentation of a minimum 6-week history of shoulder, neck, or back pain related to macromastia not responsive to conservative therapy, such as an appropriate support bra, exercises, heat/cold treatment, and appropriate nonsteroidal anti-inflammatory agents or muscle relaxants "
June 2022	Replace policy	Policy updated with literature review through November 15, 2021; no references added. Policy statements unchanged.
June 2023	Replace policy	Policy updated with literature review through December 13, 2022; references added. Policy statements unchanged.
June 2024	Replace policy	Policy updated with literature review through December 20, 2023; no references added. Minor editorial refinements to policy guidelines; intent unchanged.