
 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Reduction Mammoplasty
	PRODUCT LINE:	All
	POLICY NUMBER:	54
	ORIGINAL POLICY EFFECTIVE DATE:	06/20/2006
	LAST REVISED DATE:	02/07/2023
	LAST REVIEWED DATE:	02/01/2024

POLICY: It is the policy of Group Health Cooperative of Eau Claire (the Cooperative) to review requests for reduction mammoplasty for prior authorization according to evidence based medical criteria.

PROCEDURE: Prior Authorization: Yes

Reduction mammoplasty procedures are considered medically necessary when all the following criteria are met:

1. Member must be 18 years of age or older, **And**
2. Member must have a diagnosis of macromastia bilaterally confirmed by photo documentation, **And**
3. Persistent symptoms in at least two of the following anatomical body areas affecting daily activities for at least one year:
 - Headaches
 - Pain in neck
 - Pain in shoulders
 - Pain in upper back
 - Painful kyphosis documented by X-rays, **Or**
 - The member has severe sub mammary intertrigo that is refractory to at least a 6-month trial of conventional medications and measures used to treat intertrigo, or the member has shoulder grooving with ulceration unresponsive to 6 months of conventional therapy, **And**
4. There is reasonable likelihood that the member's symptoms are primarily due to macromastia, and reduction mammoplasty will result in improvement of symptoms, **And**
5. Pain symptoms persist, as documented by the physician, despite at least a three-month trial of therapeutic measures such as:
 - Analgesic/NSAIDs (non-steroidal anti-inflammatory drugs) interventions
 - Physical therapy/exercises/posturing maneuvers
 - Supportive devices (e.g., proper bra support, wide bra straps), **And**
6. If body mass index (BMI) is greater than 25, there must be documentation of a significant weight loss within the last 12 months that has not resulted in improvement of pain associated with the macromastia, **And**
7. If the woman is 40 years of age or older, she has had a negative (for cancer) mammogram that was performed within the year prior to the date of the planned reduction mammoplasty, **And**

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8. The surgeon has estimated the amount (in grams) of breast tissue (not fatty tissue) to be removed from each breast and that amount meets the medical necessity criteria determined using the Schnur Sliding Scale chart calculations as shown below.

Body Surface Area Formulas


$$BSA (m^2) = ([height (in) \times weight (lb)]/3131)^{1/2}$$

$$BSA (m^2) = ([height (cm) \times weight (kg)]/3600)^{1/2}$$



Body Surface Area Calculator.xlsx

Body Surface Area (m ²)	Weight of tissue removed per breast (grams)
1.35	199
1.40	218
1.45	238
1.50	260
1.55	284
1.60	310
1.65	338
1.70	370
1.75	404
1.80	441
1.85	482
1.90	527
1.95	575
2.00	628
2.05	687
2.10	750

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Body Surface Area (m ²)	Weight of tissue removed per breast (grams)
2.15	819
2.20	895
2.25	978
2.30	1068
2.35	1167
2.40	1275
2.45	1393
2.50	1522
2.55	1662

$Fx=(PRODUCT(B3:C3)/3131)^{0.5}$

APPROVED: Michelle Bauer MD. DATE: 02/01/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/22/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P&P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes.
07/28/2014	Lynne Komanec, RN HM Manager	Added to the criteria: if BMI >25 needs to make attempt at weight loss
09/02/2014	Lynne Komanec, RN HM Manager	Criteria: BMI 25 or less.
01/23/2015	Betsy Kelly, RN	Reformatted and gram ranges removed-will go strictly by Schnur Scale.
04/22/2016	Betsy Kelly, RN	Reviewed with no changes.
09/09/2016	Betsy Kelly, RN	Reformatted, added age requirement
03/07/2017	Michele Bauer, MD	Clarification of weight loss attempt
04/10/2018	Michele Bauer, MD	Update Schnur's scale and criteria

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02/18/2019	Michele Bauer, MD	Updated criteria
03/22/2020	Michele Bauer, MD	No changes
03/17/2021	Michele Bauer, MD, CMO	Reviewed. No criteria changes.
02/17/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
02/07/2023	Michele Bauer, MD, CMO	Added BSA calculator
02/01/2024	Michele Bauer, MD, CMO	Reviewed. No changes.