BlueCross BlueShield Federal Employee Program.

FEP 7.01.21 Reduction Mammaplasty for Breast-Related Symptoms

Effective Date: July 15, 2018 **Related Policies:** None

Reduction Mammaplasty for Breast-Related Symptoms

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.

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.

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.
- 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 patient selection criteria designed to be more objective. They 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 patient'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 patient 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).

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 a meaningful improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

The American Society of Plastic Surgeons has issued practice guidelines and a companion document on criteria for third-party payers for reduction mammaplasty.[20-22] The Society found that level I evidence has shown reduction mammaplasty is effective in treating symptomatic breast hypertrophy, which “is defined as a syndrome of persistent neck and shoulder pain, painful shoulder grooving from brassiere straps, chronic intertriginous rash of the inframammary fold, and frequent episodes of headache, backache, and neuropathies caused by heavy breasts caused by an increase in the volume and weight of breast tissue beyond normal proportions.” The Society also indicated the volume or weight of breast tissue resection should not be criteria for reduction mammaplasty. If two or more symptoms are present all or most of the time, reduction mammaplasty is appropriate.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

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

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POLICY HISTORY

Date	Action	Description
March 2012	New Policy	
March 2013	Update Policy	Policy reviewed with literature search; policy statements unchanged; additional references 14, 19-20 and 23
March 2014	Update Policy	Policy reviewed with literature search, policy statements unchanged, no references added.
March 2015	Update Policy	Policy updated with literature review; policy statement added indicating reduction mammoplasty is considered not medically necessary for all other indications not meeting medically necessary criteria. References

		21-21 added, reference 13 deleted.
March 2017	Update Policy	Policy updated with literature review: references 14 and 22 added. Policy statements unchanged.
June 2018	Update Policy	Policy updated with literature review through December 11, 2017; no references added; a citation removed as out-of-scope and reference list updated. Policy statements unchanged.