KAISER PERMANENTE® **Northwest Region Utilization Review**

# UR 20.1 Breast Reduction (Mammoplasty) Female Medical Necessity Criteria

Department: Surgery
Section: Plastic Surgery
Applies to: KPNW Region
Review Responsibility: UMQOC
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**MEDICAL NECESSITY CRITERIA AND OTHER REQUIREMENTS FOR FEMALE REDUCTION MAMMOPLASTY**

**Medical necessity criteria are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.**

Note that separate policies/criteria exist, when applicable, for coverage of:

1. Breast Reconstruction (UR 20.6)
2. Gender-Affirming Procedures (UR 65)

**DEFINITIONS**

See the Evidence of Coverage (EOC) as definitions of *Cosmetic Services* may vary within the Exclusions section of the EOC documents.

## POLICY AND CRITERIA

**Coverage guidance:** Mammoplasty may be excluded from coverage. Check for exclusions/limitations.

| Source | Policy |
|---|---|
| **For Medicare Members** | |
| CMS Coverage Manuals | Medicare Benefit Policy Manual Chapter 16-120 "Cosmetic Surgery" |
| National Coverage Determinations (NCD) | None |
| Local Coverage Determinations (LCD) | L35163 "Plastic Surgery" |
| Local Coverage Article | A57221 "Billing and Coding: Plastic Surgery" |
| Kaiser Permanente Medical Policy for Medicare members | UR 20.1 does not apply. For Medicare lines of business, apply the criteria in the LCD. |
| **For Medicaid Members** | |
| OR Medicaid | UR 20.1 does not apply. Check Linefinder |
| WA Medicaid | UR 20.1 does not apply. |
| **Commercial and Self-Funded Members** | |
| OR Commercial | UR 20.1 applies |
| WA Commercial | UR 20.1 applies |
| Self-Funded Plans | UR 20.1 applies |

**A. CRITERIA FOR BREAST REDUCTION/PLASTIC SURGERY CONSULTATION**

Relevant history and physical findings must establish medical necessity, including all of the following:

1. The member must have two or more of the following conditions present for at least 6 months, with documented failed therapeutic measures i.e. weight loss strategies, supportive garments, and dermatologic measures: [13]
    a. Upper back pain, from breast size
    b. Persistent breast pain (not relieved with hormonal adjustments or analgesics)
    c. Rash under breast (unresolved with dermatologic therapies)
    d. Painful bra strap grooves
    e. Shoulder pain from breast size
    f. Neck pain from breast size
    g. Arm pain from breast size
2. Breast size D cup bra size or above.
3. Body Mass Index (BMI) less than or equal to 34.
4. Must have a normal mammogram within the past year in women 40 years or older.
5. Members with a history of tobacco products* use must have:
    a. a documented "quit" date >6 months prior to referral for consultation, **or**
    b. a negative urine anabasine test (level below 3 ng/dl) within the last 30 days if quit ≤6 months prior to referral for consultation.

*tobacco products: cigarettes, cigars, pipe tobacco, e-cigarettes, smokeless tobacco (chewing tobacco and snuff).

**B. CRITERIA FOR BREAST REDUCTION SURGERY (POST-CONSULTATION).**

In addition to pre-consultation criteria (section A), the following must be met:

1. Predicted removal of the following:
    a. minimum of 200 grams of breast tissue from the larger of the two breasts when BMI is <25.
    b. minimum of 250 grams of breast tissue from the larger of the two breasts when BMI 25-30.
    c. minimum of 450 grams of breast tissue from the larger of the two breasts when BMI is >30.
2. Body Mass Index (BMI) less than or equal to 34.
3. Must have a normal mammogram within the past year in women 40 years or older.
4. No diagnosis of diabetes mellitus or diabetes mellitus with A1c <8.0 within the last 3 months.
5. Members with a history of tobacco products* use must have:
    a. a documented "quit" date >6 months prior to consideration for surgery, **or**
    b. a negative urine anabasine test (level below 3 ng/dl) within the last 30 days if quit ≤6 months prior to consideration for surgery.

*tobacco products: cigarettes, cigars, pipe tobacco, e-cigarettes, smokeless tobacco (chewing tobacco and snuff).

**CONTRAINDICATIONS (TO BE DETERMINED BY THE SURGEON)**

1. Nicotine use, including tobacco products* and nicotine replacement therapy (NRT) products** within the 30 days prior to surgery.

*tobacco products: cigarettes, cigars, pipe tobacco, e-cigarettes, smokeless tobacco (chewing tobacco and snuff).
**NRT products: nicotine gum, lozenges, sublingual tablets, transdermal patch, nasal spray, inhaler.

2. Uncontrolled diabetes as indicated by a HbA1c of 8.0 or higher. Members with a HbA1c in the 7-8 range may be assessed for relative contraindications on a case-by-case basis.

3. Obesity is also a risk factor for poor surgical outcome. Members who are obese but otherwise meet the above medical necessity criteria will be assessed on a case-by-case basis.

4. Any other surgical contraindications will be determined by the surgeon.

## RATIONALE

**EVIDENCE BASIS**

*Reduction Mammoplasty:*

Recent systematic reviews have investigated the benefits and harms of reduction mammoplasty in individuals with macromastia and consistently report improved outcomes among those who received reduction mammoplasty compared to those who did not. A 2021 systematic review of randomized controlled trials reports a significant improvement in health-related quality of life (HRQoL) at 4-6 months post-procedure among participants with macromastia who had reduction mammoplasty compared to participants who had non-surgical interventions.[1] Another 2021 review of the risks and benefits of reduction mammoplasty to treat breast hypertrophy reports improved HRQoL and a significant reduction in pain after reduction mammoplasty.[2] A 2020 systematic review reports an overall statistically significant improvement in back pain following reduction mammoplasty among patients with macromastia.[3] A 2019 systematic review of the effect of reduction mammoplasty on the spine of patients with breast hypertrophy reports a substantial reduction in pain among those who underwent reduction mammoplasty compared to those who did not.[4] A 2019 systematic review of patient-reported outcomes following reduction mammoplasty indicates an overall satisfaction rate of 90.3% among patients with macromastia whose satisfaction was directly measured following the procedure.[5] The underlying body of evidence included in these reviews had some methodological limitations that hinders determinations related to patient selection for reduction mammoplasty. One review noted that studies on reduction mammoplasty for breast hypertrophy don't report a definition for breast hypertrophy or detail the indications for reduction mammoplasty that were used.[2]

*Tobacco Use*

A 2018 systematic review of the effect of smoking on post-operative outcomes in patients who had common elective procedures in plastic surgery reports that tobacco use was associated with a significant increase in the total number of post-operative complications following reduction mammoplasty.[6] These complications include skin necrosis, infection, wound separation, delayed wound healing and need for reoperation, all of which were significantly more common among smokers compared to non-smokers.[6]

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