



Kaiser Foundation Health Plan- Southern California

Utilization Management (UM) Criteria for Plastic Surgery Consultation for Breast Reduction Mammoplasty- Medi-Cal Members under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit

Utilization Management Criteria Statement

This document is used to support decisions about practitioner requested services that require prior authorization (UM). Prior authorization review occurs when a qualified physician other than the treating clinician is reviewing medical information for the purpose of approving, denying, delaying or modifying a service requested by a practitioner on behalf of a Kaiser Permanente (KP) health plan patient. Treatment recommendations should be guided by professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the library under "Guidelines".

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

Definitions

Reconstructive Surgery

Reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:

used by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:

(A) To improve function.

(B) To create a normal appearance, to the extent possible.

Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function but may also be done approximate a normal appearance. (1), (2)

Cosmetic Surgery

Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. (1), (2)

Mammoplasty

Macromastia (breast hypertrophy) is an increase in the volume and weight of breast tissue relative to the general body habitus and may lead to significant symptomatology. Unilateral hypertrophy may result in symptoms due to asymmetry that may be congenital or following contralateral mastectomy.

Reduction Mammoplasty is performed:

1. to reduce the size of the breasts and help ameliorate symptoms (e.g. Neck, shoulder, upper back pain is chronic in nature) caused by the hypertrophy in symptomatic women who have at least one of the following indications:
 - the estimated excess (amount to be excised) is ≥ 400 grams, or
 - there is significant asymmetry > 200 grams or a two-cup size difference between the breasts.
2. to reduce the size of a normal breast to bring it into symmetry with a breast reconstructed after cancer surgery or to match a contralateral oncoplastic breast reduction.
3. as part of an approved Gender Affirming treatment plan

Cosmetic surgery to reshape the breasts to improve appearance is not a benefit. Cosmetic signs and/or symptoms would include ptosis, poorly fitting clothing and patient perception of unacceptable appearance.

Medical Necessity Criteria for referral to a Plastic Surgeon for Consultation for Breast Reduction Mammoplasty Only

These criteria rules serve to validate that the appropriate diagnostic or therapeutic interventions have been attempted prior to obtaining approval for the requested specialist consultation.

1. Relevant history and physical findings from the primary care physician or other physician requesting the plastic surgery consultation must establish medical necessity, including both of the following:
 - a. Presence of significantly enlarged breasts or significant asymmetry
 - b. Body Mass Index (BMI) less than 35 at the time of the referral to plastic surgery for consultation.¹

In addition, the following criteria apply as applicable to the individual patient:

¹ All anticipated weight loss should be completed prior to surgery and weight maintenance should be stable for 6 months prior to surgery. Patients with BMI greater than 30 must be actively involved in a weight reduction program and it is recommended that the patient get to a BMI of 30 or below prior to surgery due to higher complications with obesity.

2. Determination that macromastia is not due to active endocrine or metabolic process.
3. A preoperative mammogram may be considered based on individual patient factors and the clinical judgment of the surgeon.
4. Greater than 1-year post-partum and post-lactation, as applicable
5. In patients under 18 years of age, determination that breast development is completed. In rare cases, patients under 18 years of age maybe considered if it is determined that breast development is complete and in rare cases of massive juvenile fibroadenoma or cystosarcoma phylloides.
6. Patients who smoke must be nonsmoking for 3 months or longer and be tested to be nicotine free.
7. Patients with macromastia with breast implants should have removal of implants first before they can be assessed for breast reduction. The degree of macromastia is artificial in the presence of implants and cannot truly be assessed until the implants are removed.
8. Patient should be medically optimized and safe for surgery. (e.g. normal hemoglobin A-1 C, normal albumin)
9. For Managed Medi-Cal members under 21 years of age, the EPSDT Medical Necessity definition will be used to determine if services are necessary. State and federal law define a services as "medically necessary" for the EPSDT population if the service is necessary to correct or ameliorate defects and physical and/or mental illnesses and conditions. Reduction Mammoplasty services need not cure a condition in order to be covered.

Criteria Exceptions

1. Reconstructive Surgery Following Mastectomies. California Health and Safety Code, Section 1367.6 Breast Cancer Coverage and the 1998 Federal Breast Reconstruction Law requires reconstructive surgery be available to health plan patients in order to restore and achieve symmetry incident to a mastectomy.

Mastectomy for purposes of the law means removal of all or significant part of the breast. Partial removal of a breast may include sizeable lumpectomy.

2. Reconstructive Surgery as part of an approved Gender Affirming treatment plan.

Medical Necessity Criteria Contraindications

1. Active smoker with no plans to quit smoking
2. Obesity is a risk factor for poor surgical outcome. Individuals with a BMI greater than or equal to 30 should be referred to a weight loss program and achieve stability with the weight loss prior to surgical consultation. To optimize surgical outcome and reduce risk, BMI should be below 30 prior to surgery.

Contributors/ Clinical Experts/References:

1. Chen, CL., Shore, AD., Johns, R., Clark, JM., Manahan, M., Makary, MA. The impact of obesity on breast surgery complications
2. Medi-Cal Manual Criteria
3. Medicare Benefit Policy Manual – Pub. 100-02, Chapter 16, Sections 10,120 and 180
4. Medicare National Coverage Determinations Manual – Pub. 100-04, Chapter 32, Section 260
5. Noridian Local Coverage Determination, Plast Surgery, LCD number L33482, Updated /20/2013.
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Approving Bodies

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