



Medica Central Utilization Management Policy

Title: Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 (III-SUR.27)

Effective Date: January 01, 2026

This policy was developed with input from specialists in plastic surgery and general surgery and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment..

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions

- A. Mammary hyperplasia (macromastia)** is the development of abnormally large breasts. Macromastia is distinguished from large, normal breasts by the presence of persistent, painful symptoms and physical signs.
- B. Reduction mammoplasty** is surgical excision of mammary tissue to decrease the size of one or both breasts, with repositioning of the areola and nipple.
- C. Intertriginous rash** results from dermatitis occurring between juxtaposed folds of skin. The dermatitis is usually caused by retention of sweat, moisture, and warmth which results in an overgrowth of normal skin microorganisms.
- D. Cellulitis** is an acute spreading bacterial infection (usually *Staphylococcus aureus* or Group A *Streptococcus*) in the deeper layers of the skin (i.e., the dermis and subcutaneous tissues). It is characterized by erythema, warmth, swelling, pain, fever,

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- and malaise. Cellulitis commonly appears in areas where there is a break in the skin from an abrasion, a cut, or skin ulceration. Standard treatment is antibiotic therapy.
- E. **Ptoxis of the breast** is the weight of the breast tissue causing stretching of the skin allowing the breast to increasingly droop over time.
 - F. **Necrosis** is the death of living cells and tissue. Necrosis is caused by localized tissue injury, such as corrosion or erosion, a lesion or ulceration, or loss of blood supply.
 - G. A **skin ulceration** is a break in the skin with accompanying loss of surface tissue with disintegration and necrosis of underlying tissue.
 - H. The **Schnur Sliding Scale** is an evaluation tool that is used to determine the appropriate amount of tissue to be removed compared to the individual's total body surface area (BSA).
 - I. **Body Surface Area (BSA)** is the area of the external surface of the body, calculated using height and weight and expressed in square meters (m²).
 - J. **Women's Health & Cancer Rights Act of 1998 (WHCRA)** (aka, The 1998 Federal Breast Reconstruction Law) states group health plans and health insurance issuers that provide coverage for medical and surgical benefits with respect to mastectomies, must also cover certain post-mastectomy benefits, including reconstructive surgery and the treatment of complications. The law is not specific to mastectomies due to cancer.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for breast reduction surgery. Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
3. Cosmetic surgery is generally an exclusion in the member's plan document.
4. However, coverage of all stages of reconstruction of the breast on which a mastectomy was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance is required by state and federal law. Cosmetic / reconstructive examples include, but are not limited to:
 - a. Breast augmentation (e.g., breast implants, pectoral implants)
 - b. Breast lift (mastopexy)
 - c. Correction of inverted nipple
 - d. Nipple piercing
 - e. Removal of supernumerary nipples (polymastia)
 - f. Surgery to correct tuberous breast deformity
 - g. Breast reduction for cosmetic purposes
 - h. Breast augmentation or reduction solely for cosmetic purposes, after a successful post-mastectomy breast reconstruction (e.g., a patient who has undergone breast implants after mastectomy wishes to augment her breasts further)
5. The use of liposuction to perform breast reduction is considered cosmetic and therefore excluded from coverage.
6. All other indications not meeting the Medical Necessity Criteria, below, are considered not medically necessary and therefore *not covered*. See 4., above, for reconstructive exceptions.
7. Refer to the following Utilization Management Policies:
 - a. *Male Gynecomastia Surgery*, for coverage of surgery for male breast reduction
 - b. *Gender Affirmation Procedures*, for coverage of breast reduction and/or mastectomy for gender affirming surgeries.
8. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.

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9. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeals process in their Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

Note: Photographs encouraged, but not mandatory, as they may assist in establishing medical necessity.

I. Indications

A. Female breast reduction surgery is considered medically necessary when documentation in the medical record indicates that **all of the following** criteria are met. Photographs may be submitted but are not required.

A. **One of the following** criteria are met:

1. The individual is at least 18 years of age.
2. The individual is less than 18 years of age and documentation indicates growth is complete (i.e., breast size has remained stable for at least one year).

B. A mammogram or other imaging as appropriate (e.g., MRI) was performed within one year prior to surgery and was negative for breast cancer, if **one of the following** criteria are met:

1. Woman is 40 years of age or older irrespective of family history.
2. Woman is 30 to 40 years of age and has a first-degree family history of breast cancer at high-risk due to a known or suspected genetic mutations (e.g., BRCA1/2)
3. Imaging not required as B.1. and B.2 not met.

C. Documentation that the amount of breast tissue to be removed (by mass or volume) is expected to offer symptomatic relief.

D. The amount of tissue to be removed per breast meets **one of the following** criteria:

1. Is above the 22nd percentile on the Schnur Sliding Scale. Note: See Appendix 1.
2. Expected tissue removal of at least **one of the following**:
 - a. 300 grams per breast for women with height less than 5'2" or weight less than 120 lbs.
 - b. 400 grams per breast for women with height greater than or equal to 5'2" and weight between 120 lbs. and 180 lbs.
 - c. 600 grams per breast for women with height greater than or equal to 5'2" and weight greater than 180 lbs.

NOTE: If significant asymmetry exists, the amount of tissue to be removed from at least one breast must comply with the criteria outlined above.

E. There is a documented history of macromastia indicating impairment of activities of daily living, and **at least two of the following persistent** functional impairments, present for six months or greater:

1. Arm numbness indicative of brachial plexus compression syndrome
2. Chronic breast pain
3. Nipple position greater than 21 cm below suprasternal notch
4. Headaches
5. Neck/cervical pain
6. Shoulder pain
7. Back pain(upper or lower)
8. Pain, discomfort, and/or ulceration from bra straps cutting into shoulders (i.e., shoulder pain)
9. Skin breakdown resulting from overlying breast tissue (e.g., severe soft tissue infection, tissue necrosis, erythema/intertrigo, ulcerative hemorrhage)

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10. Thoracic kyphosis
11. Upper extremity parathesis.

- F. Documentation must include **all of the following**:
1. Amount of breast tissue to be removed
 2. Height and weight or body surface area (BSA) calculation.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

DOCUMENT HISTORY

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References

Pre-6/2015 Medical Policy Committee (MPC):

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2. American Society of Plastic Surgeons. *Evidence-based Clinical Practice Guideline: Reduction Mammoplasty*. [http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction_Mammoplasty_Evidence_Based_Guideline%20\(2\)\(2\).pdf](http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Reduction_Mammoplasty_Evidence_Based_Guideline%20(2)(2).pdf). May 2011. Accessed April 15, 2014.
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No new references.

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No new references.

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No new references.

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No new references.

06/2020 MPC:

No new references.

06/2021 MPC:

No new references.

06/2022 MPC:

No new references.

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No new references.



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Appendix 1: Schnur Sliding Scale

To calculate body surface area (BSA), see: <https://www.mdcalc.com/calc/29/body-mass-index-bmi-body-surface-area-bsa>

Body Surface Area (m²)	Lower 22nd Percentile Grams of breast tissue per breast
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
2.15	819
2.20	895
2.25	978
2.30	1,068
2.35	1,167
2.40	1,275
2.45	1,393
2.50	1,522
2.55	1,662