

Department of Origin: Integrated Healthcare Services	Effective Date: 09/13/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/13/22
Clinical Policy Document: Breast Reduction and Gynecomastia Surgery	Replaces Effective Clinical Policy Dated: 03/08/22
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PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional defect/physical impairment* are not considered *cosmetic*.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I - III

- I. Breast reduction surgery in accordance with the *Women's Health and Cancer Rights Act of 1998* – as additional reconstructive surgery for breast cancer that may be required to achieve an optimal result and is medically necessary.

[Note: This also applies to any procedures related to diagnosed breast cancer (such as, but not limited to, lumpectomy, quadrantectomy, segmentectomy, tylectomy).]

- II. Member is greater than or equal to 18 years of age. If age less than 18, there is evidence that breast growth is complete, ie, breast size stable over the last year - must have both of: A and B, or C
 - A. Symptomatic breast hypertrophy - must satisfy all of the following: 1 - 3
 - 1. Documentation supports that the member has symptoms or conditions that are directly related to *macromastia* and are present all or most of the time - two or more of the following: a - f
 - a. Chronic breast pain due to weight of the breasts; or
 - b. Neck pain, upper back pain, shoulder pain, or headache; or
 - c. Recurrent or persistent *inframammary intertrigo* or yeast dermatitis; or
 - d. Upper extremity *paresthesia* due to brachial plexus compression syndrome secondary to the weight of the breasts being transferred to the shoulder strap area; or
 - e. Significant shoulder strap grooves causing pain or ulceration from bra straps; or
 - f. Painful acquired thoracic *kyphosis* documented by x-rays or photo.
 - 2. Documentation of failure of conservative treatment where appropriate (such as, but not limited to, analgesics, NSAIDs, physical therapy, home exercise program, chiropractic care, special bras) after a minimum of a 3-month trial from an independent physician (not the requesting surgeon).

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3. Members aged 40 or older have undergone a mammogram within 12 months prior to the scheduled surgery date.

- B. The amount of tissue removed meets one of the following: 1 - 2
 1. Plots at or above the lower 22nd percentile per the Schnur guidelines (see Attachment A); and

The BSA is calculated using the Mosteller formula, as follows:

$$BSA (m^2) = \sqrt{\frac{HT (inches) \times WT (pounds)}{3131}}$$

[Note: Member's height and weight, and provider's estimate of grams of breast tissue to be removed must be submitted.]

2. At least 1 kg of total tissue (between both breasts).

[Note: Repeat breast reduction surgery for ongoing symptoms will not be considered if the original surgery did not meet Schnur guidelines.]

- C. Ipsilateral and/or contralateral breast reduction pre- or post-mastectomy for breast cancer, when done for asymmetry or to optimize outcome of surgical or radiation therapy treatment.

[Note: This applies to any procedures related to breast cancer (such as, but not limited to, lumpectomy, quadrantectomy, segmentectomy, tylectomy, etc.)]

III. *Gynecomastia* surgery request - must satisfy all the following: A - G

- A. Age of onset – must satisfy any of the following: 1 - 2
 1. Adolescent onset – has persisted for at least two years; or
 2. Adult onset – has persisted for at least one year.
- B. True *gynecomastia*, confirmed by glandular breast tissue, has been documented on physical exam and/or mammography; and
- C. The *gynecomastia* is classified as *Grade II* or above per the American Society of Plastic Surgeons' classification; and
- D. *Gynecomastia* persists despite at least one year of treatment of underlying pathologic causes (eg, endocrinologic abnormalities, tumors, kidney or liver disease, etc.), when medically appropriate; and
- E. Potential *gynecomastia*-inducing medications, including medical marijuana, have been discontinued for at least one year, when medically appropriate; and
- F. Illicit substances/recreational marijuana use, known to cause *gynecomastia*, have been discontinued for at least one year – as confirmed by urine toxicology; and
- G. Persistent breast pain due to the *gynecomastia*, refractory to medical therapy including analgesics and anti-inflammatory agents.

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IV. Breast reduction or gynecomastia surgery requests for either of the following: A or B

- A. Deformities that are congenital, developmental, or are due to injury – refer to MP/R002 Reconstructive Surgery.
- B. Breast hypertrophy or gynecomastia causing a psychological condition – must satisfy both of the following: 1 - 2
 - 1. There must be documentation from a *mental health professional*, that the member’s clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) causing *clinically significant* distress or impairment as evidenced by validated scales and measures - must satisfy both of the following: a - b
 - a. Distress must be quantified by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; and
 - b. Impairment must be quantified using a standard measure such as the World Health Organization Disability Schedule 2.0 (WHODAS). (See Attachment B)
 - 2. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member’s clinical condition (eg, psychotherapy).

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria MC/G019]

EXCLUSIONS (not limited to):

Refer to member’s Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Activities of Daily Living (ADL):

Eating, toileting, transferring, bathing, dressing, walking, and continence

Clinically significant:

A T-score > 59

Cosmetic:

Services and procedures that improve physical appearance but do not correct or improve a physiological function and are not medically necessary.

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Functional Defect/Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living.

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Gynecomastia:

An enlargement or swelling of breast tissue in males.

Gynecomastia Scale/Grading from ASPS:

- Grade I - Small breast enlargement with localized button of tissue that is concentrated around the areola.
- Grade II - Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
- Grade III - Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.
- Grade IV - Marked breast enlargement with skin redundancy and feminization of the breast.

Inframammary intertrigo:

Inflammatory condition of breast creases; worsened by heat, moisture, lack of air circulation, and friction.

Kyphosis:

Exaggerated backward curvature of the thoracic region of the spinal column

Macromastia:

Also known as mammary hyperplasia; breast size that is larger than proportionate to the body

Mental Health Professional:

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist

Paresthesia:

A sensation of pricking, tingling, or creeping on the skin having no objective cause and usually associated with injury or irritation of a sensory nerve or nerve root

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from *injury, sickness, or prior surgery* of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

Women's Health and Cancer Rights Act of 1998:

A federal mandate concerning all reconstructive surgery following mastectomy for cancer; this mandate requires coverage of reconstructive surgery for ERISA, non-ERISA, and HMO plans.

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Prior Authorization: Yes, per network provider agreement.

CODING:

CPT®

15877 Suction assisted lipectomy; trunk

19300 Mastectomy for gynecomastia

19318 Breast reduction

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3. Clinical Policy: MP/C002 Cosmetic Procedures/Treatments
4. Clinical Policy: MP/R002 Reconstructive Surgery
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Attachment A

Modified Schnur Nomogram Chart

Body Surface (m2)	Lower 5th Percentile	Lower 22nd Percentile
1.35	127	199
1.40	139	218
1.45	152	238
1.50	166	260
1.55	181	284
1.60	198	310
1.65	216	338
1.70	236	370
1.75	258	404
1.80	282	441
1.85	308	482
1.90	336	527
1.95	367	575
2.00	401	628
2.05	439	687
2.10	479	750
2.15	523	819
2.20	572	895
2.25	625	978
2.30	682	1,068
2.35	745	1,167
2.40	814	1,275
2.45	890	1,393
2.50	972	1,522
2.55	1,062	1,662

If the proposed amount to be removed plots between the 5th and 22nd percentiles, the procedure may be either reconstructive or cosmetic and requires a review of the documentation, including whether the proposed procedure is likely to result in significant improvement of a *functional defect/physical impairment*.

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Attachment B

WHODAS 2.0, 12-items

12-item World Health Organization Disability Assessment Schedule.

In the past 30 days, how much difficulty did you have in. . .

(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

<http://www.who.int/classifications/icf/whodasii/en/>

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 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
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 - Information written in other languages

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PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

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Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

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Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

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Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).