2011 Procedures Adult Criteria

Reduction Mammoplasty, Female (Custom) - UDOH[1, 2*RIN, 3]

Created based on InterQual Subset: Reduction Mammoplasty, Female

Version: InterQual® 2011

CLIENT:	Name	D.O.B.	ID#	GROUP#
CPT/ICD9:	Code	Facility	Service Date	
PROVIDER:	Name		ID#	Phone#
	Signature		Date	

ICD-9-CM: 85.31, 85.32, 85.33, 85.34, 85.36

INDICATIONS (choose one and see below)

☐ 100 Macromastia (gigantomastia), bilateral
☐ 200 Breast reduction of contralateral breast post mastectomy
☐ Indication Not Listed (Provide clinical justification below)

☐ 100 Macromastia (gigantomastia), bilateral **[All]**[4*MDR, 5]
- ☐ 110 Symptoms **[Two]**
  - ☐ 111 Back/neck/shoulder pain
  - ☐ 112 Breast pain
  - ☐ 113 Paresthesias of hands/arms
  - ☐ 114 Permanent shoulder grooving from bra straps
  - ☐ 115 Intertrigo[6]
- ☐ 120 Excess breast tissue per breast to be removed (estimated amount) **[One]**[7, 8]
  - ☐ 121 ≥ 500 g
- ☐ 130 Patient BMI ≤30

☐ 200 Breast reduction of contralateral breast post mastectomy[9]

Notes

(1)
These criteria include the following procedure:
Breast Reduction, Female
Mastectomy, Subcutaneous, Female

(2)-RIN:
Liposuction can be used for moderate reduction of primarily fatty breast tissue. Liposuction is not covered in these criteria.

(3)-POL:
It is a matter of local medical policy whether to require submission of photographs prior to approval of the procedure.

(4)-MDR:

Mandatory secondary review by physician

(5)

Reduction mammoplasty is associated with significant improvement in preoperative symptoms and quality of life, and has been shown to result in increased participation in exercise programs and other physical and social activities (Spector and Karp, Plast Reconstr Surg 2007; 120(4): 845-850).

Given the wide range of body habitus, it is difficult to define the size of breast enlargement that is pathologic. Macromastia has been defined as a chronic pain complex involving at least 3 anatomic sites of the upper body in women with bilateral breast hypertrophy (Blomqvist et al., Plast Reconstr Surg 2000; 106(5): 991-997). Bra size (e.g., greater than a D cup) and estimated amount of breast tissue to be removed (from 0.8 to 2.0 kg) have also been used to identify macromastia (Dancey et al., J Plast Reconstr Aesthet Surg 2008; 61(5): 493-502; Kerrigan et al., Plast Reconstr Surg 2001; 108(6): 1591-1599).

Weight loss is advisable from an overall health standpoint in the overweight patient, but there is no data to support the theory that weight loss will reduce breast size to such a degree as to relieve the symptoms of macromastia. Studies, including the Breast Reduction Assessment of Outcome and Value study (BRAVO), reported that reduction mammoplasty reduces or eliminates symptoms of macromastia regardless of body weight, bra cup size, or weight of tissue resected (Cunningham et al., Plast Reconstr Surg 2005; 115(6): 1597-1604; Chadbourne et al., Mayo Clin Proc 2001; 76(5): 503-510). Prospective studies on surgical and nonsurgical interventions in the treatment of macromastia demonstrated that while reduction mammoplasty improved pain and overall health status, conservative measures (e.g., weight loss) did not provide effective, permanent relief of symptoms (O'Blenes et al., Plast Reconstr Surg 2006; 117(2): 351-358; Miller et al., Plast Reconstr Surg 2005; 115(4): 1025-1031).

(6)-DEF:

Intertrigo is a superficial dermatitis occurring on apposed skin surfaces which predisposes to erythema, maceration, itching, and secondary infection.

(7)

The Schnur scale is one method to determine medical necessity and requires a specific amount of breast tissue be removed based on the patient's body surface area (BSA) (Dancey et al., J Plast Reconstr Aesthet Surg 2008; 61(5): 493-502; Schnur, Ann Plast Surg 1999; 42(1): 107-108).

(8)-POL:

Studies have correlated the weight of breast tissue removed with the likelihood of the procedure being done for medical or cosmetic purposes; however, this can only be used as a retrospective measure (Glatt et al., Plast Reconstr Surg 1999; 103(1): 76-82; Schnur, Ann Plast Surg 1999; 42(1): 107-108). Whether to use the Schnur scale or another scale to determine the medical appropriateness of this procedure is a matter of local medical policy.

(9)

After reconstruction or use of a prosthesis, breast reduction of the contralateral breast may be needed to achieve symmetry (Hu and Alderman, Surg Clin North Am 2007; 87(2): 453-467, x; Antoniuk, Obstet Gynecol Clin North Am 2002; 29(1): 209-223, ix.).