



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
08/23/2004	07/01/2016	04/17/2015
Policy Name	Policy Number	
Breast Reconstruction Surgery Following Mastectomy	MM-0001	

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

For Medicare plans please reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

A. SUBJECT

Breast Reconstruction Surgery Following Mastectomy

B. BACKGROUND

Breast conserving surgery and mastectomy are mainstays in the primary treatment of breast carcinoma. These procedures, although effective, are associated with post-operative complications, physical deformity, emotional and psychological sequelae.

Reconstructive surgery refers to surgical procedures and other techniques, undertaken in the context of breast cancer, to rebuild breast contour and, when necessary, reconstitute the areola and nipple.

Legislation, including the Women's Health & Cancer Rights Act of 1998 (WHCRA) has been enacted to include protections for members who choose to have breast reconstructive procedures following mastectomy. Benefits under this legislation include:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications at all stages of mastectomy, including lymphedemas

The role of reconstructive surgery has evolved considerably since the 1980's. Today, clinical decision making must incorporate the timing of the procedure; the impact and role of adjuvant chemotherapy and/or radiation therapy; the utilization of clinically established prosthetic devices and an array of autogenous procedures.



C. DEFINITIONS

For the purpose of this policy "mastectomy" includes "simple", "radical" and "modified radical" as medically necessary breast conserving procedures.

D. POLICY

1. CareSource considers reconstructive breast surgery medically necessary with mastectomy in the following circumstances:
 - a. Mastectomy with significant deformity and physical functional impairment where the reconstructive procedure can reasonably be expected to improve the deformity and impairment.
 - b. Associated nipple and areolar reconstruction or tattooing of the nipple when required as part of reconstructive procedures may also be considered medically necessary.
 - c. Reduction and, if needed, augmentation mammoplasty and related reconstructive procedures on the unaffected side for symmetry may also be considered medically necessary.
 - d. Liposuction and/or lipectomy of autologous fat for harvest and grafting as a replacement for implants in reconstructive surgery may also be considered medically necessary.
2. CareSource considers all other conditions for breast reconstructive surgery as cosmetic and not medically necessary.
3. CareSource considers treatment of lymphedema following mastectomy, including the use of lymphedema pumps and compression sleeves, to be medically necessary when supported by appropriate clinical records. Complete Decongestive Therapy may be considered medically necessary when it is prescribed by, or is provided under the supervision of a provider and is accompanied by documentation of failure of other standard therapies for lymphedema (including home exercises, elevation of the limb and appropriate compressive garments).

**For Medicare Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):
Medicare NCD: CMS Publication 100-3, Medicare National Coverage Determinations, Chapter 1, Section 140.2**

https://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf

If there is no NCD or LCD present, reference the CareSource Policy for coverage.

CONDITIONS OF COVERAGE

**HCPCS
CPT**

AUTHORIZATION PERIOD

E. REVIEW/REVISION HISTORY

Date Issued: 08/23/2004

Date Revised: 07/01/2009, 07/01/2014, 04/17/2015

Date Reviewed: 07/01/2009, 07/01/2011, 07/01/2012, 07/01/2013, 06/01/2014, 04/17/2015



F. REFERENCES

1. Brandberg Y, Malm M, Rutqvist LE, et al. A prospective randomized study (named SVEA) of three methods of delayed breast reconstruction. Study, design, patients' preoperative problems and expectations. *Scand J Plast Reconstr Surg Hand Surg.* 1999; 33(2):209-216.
2. Mathes SJ. Breast implantation: The quest for safety and quality, *NEJM* 1997; 336(10):718-719.
3. CMS Publication 100-3, Medicare National Coverage Determinations, Chapter 1, Section 140.2
4. Breast reconstruction in women with breast cancer; The Center for Consumer Information & Insurance Oversight; Women's Health and Cancer Rights Act (WHCRA): http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet.html:
5. Rainsbury RM. Breast-sparing reconstruction with latissimus dorsi miniflaps. *Eur J Surg Oncol.* 2002;28(8):891-895.
6. Fentiman IS, Hamed H. Breast reconstruction. *Int J Clin Pract.* 2006;60(4):471-474.
7. Morris D. Principles of grafts and flaps for reconstructive surgery. Last updated December 2013. UpToDate Inc., Waltham, MA.
8. Nahabedian M. Breast reconstruction in women with breast cancer. Last updated December 2013. UpToDate Inc., Waltham, MA.
9. Mohler E. Prevention and treatment of lymphedema Last updated Jun 16, 2014. UpToDate Inc., Waltham, MA.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 2/2015