CareSource

# MEDICAL POLICY STATEMENT
# GEORGIA MEDICAID

| Policy name | Policy Number | Effective Date |
|---|---|---|
| Breast Reconstruction Surgery | MM-0732 | 07/01/2021-07/31/2022 |
| **Policy Type** | | |
| **MEDICAL** | Administrative | Pharmacy | Reimbursement |

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## A. SUBJECT

## B. BACKGROUND

Breast reconstruction procedures may be done to improve symmetry, reconstruct the nipple, or manage contour abnormalities. It may be performed following a mastectomy, breast conserving mastectomy), delayed (weeks or years), or can be completed in several stages.

Refer to MCG for total mastectomy.

## C. DEFINITIONS

- **Mastectomy-** Surgical removal of one or both breasts.
- **Breast conserving surgery (lumpectomy, partial mastectomy)-** Surgical removal of tumor and small amount of surrounding tissue
- **Contralateral breast-** Unaffected/nonsurgical breast
- **Cosmetic procedures-** Procedures completed to improve appearance and self-esteem, and are to reshape normal structures of the body.

## D. POLICY

I. Prior authorization is required.
II. Breast reconstruction is not gender-specific.
III. Surgical Options
  A. CareSource considers breast reconstruction medically necessary
    1. Following mastectomy or breast conserving surgery of the affected breast
    2. On the contralateral breast to produce a symmetrical appearance
  B. Breast reconstruction procedures are considered medically necessary to improve breast function after conservatory therapy and related to significant abnormalities/deformities as a result of any of the following:
    1. Malignant breast disease
    2. Congenital deformities that affect the member's physical and psychological being
    3. Severe fibrocystic breast disease that limits the member's function
    4. Unintentional trauma or injuries
    5. Unintentional complications after breast surgery for non-malignant conditions. This would include pain, irritation, bleeding, or discharge as well as a complication causing difficulty with lactation.
    6. Risk reduction mastectomy
  C. CareSource considers physical complications including lymphedema following breast reconstruction as medically necessary.
  D. Surgical Exclusions
    1. CareSource **DOES NOT** cover **ANY** breast reconstruction procedures that are considered experimental, investigational or unproven for this indication
    2. CareSource **DOES NOT** cover
      a. Procedures that are considered cosmetic in nature including natural changes due to aging and weight loss/gain OR
      b. Lipectomy for donor site symmetry OR
      c. Suction lipectomy or ultrasonically-assisted suction lipectomy (liposuction) for correction of surgically-induced donor site asymmetry (e.g., trunk or extremity) that results from one or more flap breast reconstruction procedures.

IV. Non-Surgical Alternatives

A. CareSource covers external breast prostheses and mastectomy bras following mastectomy or breast conserving surgery.
B. CareSource **DOES NOT** cover an external breast prosthesis or mastectomy bra for any other indication because it is considered not medically necessary.

## E. CONDITIONS OF COVERAGE

## F. RELATED POLICIES/RULES

## G. REVIEW/REVISION HISTORY

| | DATE | ACTION |
|---|---|---|
| **Date Issued** | 04/01/2020 | |
| **Date Revised** | 02/17/2021 | Updated Criteria |
| **Date Effective** | 07/01/2021 | |
| **Date Archived** | 07/31/2022 | This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy. |

## H. REFERENCES

1. 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
2. Nahabedian, M. Overview of Breast Reconstruction. Last updated July 2018. UpToDate Inc. Waltham, MA.
3. Sable, M. Breast conserving Therapy. Last updated September 2018. UpToDate Inc. Waltham, MA
4. Mehrara, B. Breast cancer-associated lymphedema. Last updated August 2018. UpToDate Inc. Waltham, MA
5. National Determination Coverage 140.2 Breast Reconstruction Following Mastectomy Retrieved on 3/22/2019 from https://www.cms.gov

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

*Independent medical review - 4/2019*