



MEDICAL POLICY STATEMENT

Michigan Medicaid

Policy Name & Number	Date Effective
Breast Reconstruction Surgery-MI MCD-MM-1516	05/01/2026
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates 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 CareSource and its affiliates 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. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A.	Subject.....	2
B.	Background.....	2
C.	Definitions	2
D.	Policy	3
E.	Conditions of Coverage.....	4
F.	Related Policies/Rules	4
G.	Review/Revision History.....	4
H.	References	4

A. Subject

Breast Reconstruction Surgery

B. Background

With an estimated 279,000 new cases yearly, breast cancer continues to be the leading cause of new cancer among women in the United States and a leading cause of cancer death. Breast reconstruction is intended to reduce post-mastectomy complications, establish symmetry between the surgical breast and the contralateral breast, and improve quality of life following breast cancer surgery. Breast reconstruction procedures may include breast reduction, breast augmentation with FDA-approved breast implants, nipple reconstruction (including surgery, tattooing, or both), and breast contouring.

Reconstruction may be performed immediately following a mastectomy or can be delayed for weeks or years until the member has undergone radiation, chemotherapy, or decides that reconstruction is wanted.

Breast augmentation with an FDA-approved implant can be performed in one stage, during which the implant is inserted during the same surgical visit as the mastectomy, or in two stages using an implanted tissue expander in the first stage followed by removal of the expander and insertion of the permanent breast implant. Complications may occur from breast implants immediately postoperatively or years later and can include exposure, extrusion, infection, contracture, rupture, and/or pain. Clinically significant complications may require implant removal.

Autologous tissue/muscle breast flap reconstruction is a safe and effective alternative to breast implants. Muscle, subcutaneous tissue, and skin can be transposed from the donor site, either locally (eg, latissimus dorsi myocutaneous [LD] flap, pedicled transverse rectus abdominus myocutaneous [TRAM] flap) or distally (eg, free TRAM flap, deep inferior epigastric perforator [DIEP] flap, superficial inferior epigastric artery perforator [SIEP] flap, inferior or superior gluteal flap, superior gluteal artery perforator flap, Reubens flap, or transverse upper gracilis [TUG] flap). The choice of procedure can be affected by the member's age and health, contralateral breast size and shape, personal preference, and expertise of the surgeon.

Individuals may also select non-invasive options, such as mastectomy bras and external breast prostheses.

C. Definitions

- **Breast Conserving Surgery (Lumpectomy, Partial Mastectomy)** – Surgical removal of tumor and small amount of surrounding breast tissue.
- **Contralateral Breast** – Unaffected, nonsurgical breast.
- **Cosmetic Procedures** – Procedures completed to improve appearance and self-esteem and to reshape normal structures of the body.

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

- **Mastectomy** – Surgical removal of one or both breasts.

D. Policy

- I. Breast reconstruction is not gender specific.
- II. Prior authorization requirements for specified breast reconstruction procedure codes are waived when billed with appropriate ICD-10 breast cancer diagnosis codes. Refer to the Michigan Medicaid Code and Rate Reference tool for specific CPT codes subject to this prior authorization waiver.

III. Surgical Options

HAP CareSource considers breast reconstruction medically necessary when **ANY** of the following clinical indications apply:

- A. following outlined criteria in MCG S-862 *Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander*
- B. following outlined criteria in MCG S-864 *Mastectomy, Complete, with Tissue Flap Reconstruction*
- C. congenital deformities affecting the member's physical and psychological well-being
- D. severe fibrocystic breast disease that limits the member's function
- E. unintentional trauma or injuries
- F. complications after breast surgery for non-malignant conditions (eg, pain, irritation, bleeding, discharge, difficulty with lactation)

- IV. HAP CareSource considers treatment of physical complications, including lymphedema, following breast reconstruction medically necessary. Please see the *Women's Health and Cancer Rights Act (WHCRA)* at www.cms.gov for more information.

V. Surgical Exclusions

- A. HAP CareSource does not cover any breast reconstruction procedures that are considered experimental, investigational, or unproven.
- B. HAP CareSource does not cover:
 1. procedures that are considered cosmetic in nature, including natural changes due to aging or weight loss/gain
 2. lipectomy for donor site symmetry
 3. suction lipectomy or ultrasonically assisted suction lipectomy (liposuction) for correction of surgically induced donor site asymmetry (eg, trunk or extremity) that results from one or more flap breast reconstruction procedures

VI. Non-Surgical Alternatives

HAP CareSource covers external breast prostheses and mastectomy bras following mastectomy or breast conserving surgery. All other indications are considered not

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

medically necessary.

VII. Breast reconstruction with free flap procedures, regardless of technique, applies to CPT code 19364.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	09/27/2023	New policy. Approved at Committee.
Date Revised	04/10/2024	Annual review: updated references. Approved at Committee
	10/23/2024	Review: updated risk reduction mastectomy and reorganized policy section for clarity. Approved at committee.
	04/09/2025	Review: elevated post-lumpectomy criteria, updated risk-reducing mastectomy. Approved at Committee.
	02/11/2026	Review: revised section D.III to reference MCG for clarity of all indications. Updated references.
Date Effective	05/01/2026	
Date Archived		

H. References

1. Alder L, Zaidi M, Zeidan B, et al. Advanced breast conservation and partial breast reconstruction – a review of current available options for oncoplastic breast surgery. *Ann R Coll Surg Engl.* 2022;104(5):319-323. doi:10.1308/rcsann.2021.0169
2. Breast reconstruction surgery. American Cancer Society. Updated September 19, 2022. Accessed January 15, 2026. www.cancer.org
3. Breast cancer statistics. Centers for Disease Control and Prevention. Accessed January 15, 2026. www.cdc.gov
4. Centers for Medicare and Medicaid Services. *Women’s Health and Cancer Rights Act (WHCRA)*. Accessed January 15, 2026. www.cms.gov
5. Colwell AS, Taylor EM. Recent advances in implant-based breast reconstruction. *Plast Reconstr Surg.* 2020;145(2):421e-432e. doi:10.1097/PRS.0000000000006510
6. Costanzo D, Klinger M, Lisa A, et al. The evolution of autologous breast reconstruction. *Breast J.* 2020;26(11):2223-2225. doi:10.1111/tbj.14025
7. Friedrich M, Kramer S, Friedrich D, et al. Difficulties of breast reconstruction – problems that no one likes to face. *Anticancer Res.* 2021;41(11):5365-5375. doi:10.21873/anticancer.15349

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

8. Gradishar WJ, Moran MS, Abraham J, et al. NCCN guidelines insights: breast cancer, version 3.2024. *J Natl Compr Canc Netw*. 2023;21(6):594-608. doi:10.6004/jnccn.2023.0031
9. Griffin C, Fairhurst K, Stables I, et al. Outcomes of women undergoing mastectomy for unilateral breast cancer who elect to undergo contralateral mastectomy for symmetry: a systematic review. *Ann Surg Oncol*. 2024;31(1):303-315. doi:10.1245/s10434-023-14294-6
10. Guliyeva G, Torres RA, Avila FR, et al. The impact of implant-based reconstruction on persistent pain after breast cancer surgery: a systematic review. *J Plast Reconstr Aesthet Surg*. 2022;75(2):519-527. doi:10.1016/j.bjps.2021.09.079
11. Health Technology Assessment: Comparative Effectiveness Review of Human Acellular Dermal Matrix for Breast Reconstruction. Hayes; 2019. Reviewed February 28, 2022. Accessed January 15, 2026. evidence.hayesinc.com
12. Health Technology Assessment: Autologous Fat Grafting for Breast Reconstruction After Breast Cancer Surgery. Hayes; 2015. Reviewed November 13, 2023. Accessed January 15, 2026. evidence.hayesinc.com
13. Mastectomy, Complete, with insertion of breast prosthesis or tissue expander: S-862. MCG Health, 29th ed. Updated June 13, 2025. Accessed January 14, 2026. careweb.careguidelines.com
14. Mastectomy, Complete, with tissue flap reconstruction: S-864. MCG Health, 29th ed. Updated June 13, 2025. Accessed January 14, 2026. careweb.careguidelines.com
15. *Michigan Medicaid Provider Manual*. Michigan Dept of Health and Human Services. Updated January 1, 2026. Accessed January 26, 2026. www.mdch.state.mi.us
16. Nahabedian M. Options for autologous flap-based breast reconstruction. UpToDate. Updated April 29, 2024. Accessed January 15, 2026. www.uptodate.com
17. Nahabedian M. Overview of breast reconstruction. UpToDate. Updated July 10, 2025. Accessed January 15, 2026. www.uptodate.com
18. Pappalardo M, Starnoni M, Franceschini G, et al. Breast cancer-related lymphedema: recent updates on diagnosis, severity and available treatments. *J Pers Med*. 2021;11(5):402. doi:10.3390/jpm11050402
19. Sabel MS. Breast conserving therapy. UpToDate. Updated October 30, 2025. Accessed January 15, 2026. www.uptodate.com
20. Saldanha IJ, Cao W, Broyles JM, et al. Breast reconstruction after mastectomy: a systematic review and meta-analysis. Comparative effectiveness review No. 245. (Prepared by the Brown Evidence-based Practice Center under Contract No. 75Q80120D00001.) AHRQ Publication No. 21-EHC027. Rockville, MD: Agency for Healthcare Research and Quality; July 2021. doi.org/10.23970/AHRQEPCCER245.
21. Tomita K, Kubo T. Recent advances in surgical techniques for breast reconstruction. *Int J Clin Oncol*. 2023;28(7):841-846. doi:10.1007/s10147-023-02313-1
22. Toyserkani NM, Jorgensen MG, Tabatabaeifar S, Damsgaard T, Sorensen JA. Autologous versus implant-based breast reconstruction: a systematic review and meta-analysis of Breast-Q patient-reported outcomes. *J Plast Reconstr Aesthet Surg*. 2020;73(2):278-285. doi:10.1016/j.bjps.2019.09.040

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

23. Zehra S, Doyle F, Barry M, Walsh S, Kell MR. Health-related quality of life following breast reconstruction compared to total mastectomy and breast-conserving surgery among breast cancer survivors: a systematic review and meta-analysis. *Breast Cancer*. 2020;27(4):534-566. doi:10.1007/s12282-020-01076-1

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