

MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
8/23/2004	7/2015	6/2014
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the member 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.

CSMG Medical Policy statements do not ensure an authorization of services. Please refer to the plan contract (often referred to as the Evidence of Coverage document) for the service(s) referenced in the Medical Policy. If there is a conflict between the Medical Policy and a plan contract the plan contract will be 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

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

## 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
- Protheses 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. POLICY

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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 NCD: CMS Publication 100-3, Medicare National Coverage Determinations, Chapter 1, Section 140.2**

[https://www.cms.gov/manuals/downloads/ncd103c1\\_Part2.pdf](https://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf)

## D. REVIEW / REVISION HISTORY

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Date Issued: 8/23/2004

Date Revised: 7/1/2009, 7/2014

Date Reviewed: 7/1/2009, 7/2011, 7/2012, 7/2013, 6/2014

## E. REFERENCES

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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](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.
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8. Nahabedian M. Breast reconstruction in women with breast cancer. Last updated December 2013. UpToDate Inc., Waltham, MA.
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The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.