RECONSTRUCTIVE MAMMAPLASTY AND CONTRALATERAL BREAST SURGERY
SUR716.011

COVERAGE:

Breast Reconstructive and Contralateral Breast techniques include the use of breast implants and expanders as well as the use of the patient's own autologous tissues.

Following surgery that meets the criteria for disease and prophylaxis, Breast Reconstructive and Contralateral Breast Surgery, to achieve relative symmetry of the breasts, may be eligible for coverage in the following situations:

1. Mastectomy; COVERAGE IS APPROVED for reconstruction, including insertion of an implant, in either single or staged procedures, to the affected breast;

2. Partial Mastectomy (greater than one-third of the breast has been excised); COVERAGE IS APPROVED for reconstruction, based on review of documentation* provided; or

3. Partial Mastectomy (one-third or less of breast removed) OR Lumpectomy (less than one-third of the breast has been excised); COVERAGE WILL NOT BE APPROVED for reconstruction, based on review of documentation* provided.

NOTE: It is NEVER NECESSARY for augmentation mammoplasty on the unaffected contralateral side to achieve symmetry.

* Documentation: Confirmatory lab and pathology reports and/or progress notes and pictures must accompany any request for benefits or claims filed for reconstruction following procedures removing one-third of the breast or less.

Special Policy Comment: Refer to Breast Implant - Removal and/or Insertion for coverage guidelines regarding immediate insertion of breast prosthesis following mastopexy, mastectomy, or reconstruction.

NOTE: If the patient is unable to use saline-filled implants as a replacement for silicone gel-filled implants, the patient must be part of a FDA approved clinical study group/trial to obtain benefits for silicone gel-filled implants. Documentation must accompany the request or claim for silicone gel-filled implant(s).

DESCRIPTION:

Reconstructive Mammoplasty or Breast Reconstruction is a series of surgical procedures done immediately following a mastectomy or lumpectomy for breast cancer or following prophylactic mastectomy for benign disease/cancer risk. For some patients, reconstructive mammoplasty is accomplished in several staged procedures requiring two or three operations. Multiple techniques including tissue expanders, implants, autologous tissue transfers/flaps, reduction mammoplasty or
Mastopexy may be required.

**Contralateral Breast Surgery** is the modification of the opposite, unaffected breast, and may include reduction mammaplasty, mastopexy, prophylactic mastectomy, or a combination of these procedures.

The operative plan and specific techniques for breast reconstruction and contralateral breast surgery must be tailored to fit the patient's specific situation. This would include evaluating the terms of the cancer/pathology and the need for further treatment. Immediate reconstruction has advantages of a shortened mastectomy incision, avoidance of mastectomy deformity, as well as, multiple hospitalizations, anesthesias, and postoperative courses. Delayed breast reconstruction following a mastectomy or lumpectomy may be necessary when postoperative radiation therapy is required.

The breast cancer management team includes, but is not limited to, the general or oncologic surgeon, radiologist and mammographer, radiation oncologist, medical oncologist, pathologist, plastic surgeon, breast-imaging specialist, nurses and nurse clinician, and medical social worker.

Some breast reconstructions are performed for the treatment of congenital, developmental, post-traumatic, or postoperative conditions to restore form and achieve symmetry.

**RATIONALE:**

Most breast reconstruction patients are also breast cancer patients. Every year, a significant number of women with breast cancer must undergo mastectomy to treat their cancer effectively. Reconstructive breast surgery is considered medically necessary after a medically necessary mastectomy or after accidental trauma/injury. Since the purpose of reconstructive breast surgery is to restore the normal appearance of the breast. Sometimes procedures are performed on the contralateral, normal breast in order to achieve symmetry.

Studies have documented that fear is a leading reason why many women do not participate in early breast detection programs. In many cases, the fear is not concerning the actual diagnosis of cancer or treatments. These women fear losing their breasts. If breast reconstruction as more accessible as a viable and affordable option, more women might participate in early programs, translating into a lower mortality rate from breast cancers.

**DISCLAIMER:**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.