

MEDICAL POLICY STATEMENT OHIO MARKETPLACE

Policy name	Policy Number	Effective Date
Breast Reconstruction Surgery	MM-0780	9/1/2019-07/31/2020

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, or significant Medical Policy Statements by

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.

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A. SUBJECT

Breast Reconstruction Surgery

B. BACKGROUND

Breast reconstruction procedures iffenr2.3 (ffe)90.003 Tws
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