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A. Subject

Breast Reconstruction Surgery

B. Background

Breast reconstruction is intended to reduce post-mastectomy complications and establish symmetry between the surgical breast and the contralateral breast. 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, 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.

Refer to MCG for complete mastectomy.

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

D. Policy

- I. Breast reconstruction is not gender specific.

II. Surgical Options

- A. CareSource considers breast reconstruction medically necessary when either of the following apply:
 - 1. following mastectomy or breast conserving surgery of the affected breast
 - 2. producing a symmetrical appearance on the contralateral breast
- B. Breast reconstruction procedures are considered medically necessary to improve breast function after conservatory therapy and related to significant abnormalities or deformities as a result of any of the following:
 - 1. malignant breast disease
 - 2. congenital deformities affecting 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 (eg, pain, irritation, bleeding, discharge, complications causing difficulty with lactation)

III. Risk Reduction Mastectomy

- A. CareSource considers treatment of physical complications, including lymphedema, following breast reconstruction medically necessary.
- B. Surgical Exclusions:
 - 1. CareSource does not cover any

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