

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):

C. POLICY

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,

E. REFERENCES

1. Brandberg Y, Malm M, Rutqvist LE, et al. A prospective randomized study (named SVEA) of three methods of delayed breast reconstruction. Study, design, patients' preoperative problems and expectations. Scand J Plast Reconstr Surg Hand Surg. 1999; 33(2):209-216.
2. Mathes SJ. Breast implantation: The quest for safety and quality, NEJM 1997; 336(10):718-719.
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:
5. Rainsbury RM. Breast-sparing reconstruction with latissimus dorsi miniflaps. Eur J Surg Oncol. 2002;28(8):891-895.
6. Fentiman IS, Hamed H. Breast reconstruction. Int J Clin Pract. 2006;60(4):471-474.
7. Morris D. Principles of grafts and flaps for reconstructive surgery. Last updated December 2013. UpToDate Inc., Waltham, MA.
8. Nahabedian M. Breast reconstruction in women with breast cancer. Last updated December 2013. UpToDate Inc., Waltham, MA.
9. Mohler E. Prevention and treatment of lymphedema Last updated Jun 16, 2014. UpToDate Inc., Waltham, MA.

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