



# Guidelines for Medical Necessity Determination for Breast Reconstruction and Breast Implant Removal

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These guidelines for medical necessity determination (guidelines) identify the clinical information that MassHealth needs to determine medical necessity for breast reconstruction and breast implant removal surgeries. These guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and/or state policies and laws applicable to Medicaid programs. Other breast surgeries are covered in other MassHealth guidelines.

Providers should consult MassHealth regulations at [130 CMR 415.000](#): Acute Inpatient Hospital Services, [130 CMR 433.000](#): Physician Services, [130 CMR 410.000](#): Outpatient Hospital Services, [130 CMR 450.000](#): Administrative and Billing Regulations, [Subchapter 6](#) of the Physician Manual, and [Subchapter 6](#) of the Acute Outpatient Hospital Manual for information about coverage, limitations, service conditions, and other prior authorization (PA) requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care organization, Senior Care Options (SCO) plan, or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, One Care organization's, SCO's, or PACE's medical policies, respectively, for covered services.

MassHealth requires PA for breast reconstruction and breast implant removal. MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

## 1

### SECTION I. GENERAL INFORMATION

Reconstructive breast surgery is defined as a surgical procedure that is designed to restore the shape of the breast after surgery, accidental injury, or trauma. It is often considered after a mastectomy or lumpectomy for the purposes of correcting deformity or reestablishing symmetry caused by previous surgery and/or the effects of therapeutic treatments, including radiation. Additionally, breast reconstruction is considered to correct congenital anomalies/chest wall deformities, including those seen in Poland Syndrome; amazia (absence of breast tissue when the nipple is present); nipple inversion, causing chronic bleeding, discharge, scabbing, or infection; chronic and severe fibrocystic breast disease unresponsive to medical therapy; and accidental injury, burns, and trauma. Breast reconstruction may also be covered as a part of treatment for gender dysphoria. For additional details, please refer to MassHealth's Guidelines for Medical Necessity Determination for Gender Affirming Surgery, available at [mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-gender-affirming-surgery](https://mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-gender-affirming-surgery).

Reconstruction procedures may involve multiple techniques and stages to recreate the breast mound through the use of either silicone gel-filled or saline-filled prosthetic implants, tissue expanders, and/or

acellular dermal matrices, versus using autologous tissue transfers from either the abdomen, back, or buttocks. In addition, breast reconstruction can also include nipple areola reconstruction and tattooing of the nipple area. Breast reconstruction may require multiple surgeries, revision surgery involving the breast and/or donor site, and surgery on the non-diseased/unaffected/contralateral breast to establish symmetry.

Although implantable breast prostheses may be inserted for either reconstructive or cosmetic reasons, clinically significant post-implant complications may occur, necessitating removal of the implants. Breast implant removal may be considered in instances of leakage or rupture; implant extrusion; infection; tissue necrosis; development of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL); development of certain classifications of capsular contracture that either causes pain and/or interferes with mammography; cutaneous hypersensitivity-like reactions associated with breast implants that are resistant to conventional treatments; or if the implant interferes with breast cancer diagnosis or treatment. An intact implant may also be removed in the unaffected/contralateral breast to maintain symmetry and reduce breast implant-associated conditions.

MassHealth considers approval for coverage of breast reconstruction and breast implant removal on an individual, case-by-case basis, in accordance with 130 CMR 433.000, 130 CMR 415.000, 130 CMR 410.000, and 130 CMR 450.204.

## SECTION II. CLINICAL GUIDELINES

# 2

### A. CLINICAL COVERAGE

Please note that PA is not required for breast reconstruction procedures done in the context of treatment for breast cancer. MassHealth bases its determination of medical necessity for breast reconstruction surgery on clinical data including, but not limited to, indicators that would affect the relative risks and benefits of the procedure, including post-operative recovery. These criteria include, but are not limited to, the following.

1. A comprehensive medical history and physical exam has been conducted by the surgeon to evaluate the need for breast reconstruction surgery.
2. The breast reconstruction surgery is intended to correct, restore, or improve anatomical and/or functional impairments that have resulted from congenital anomalies; accidental injury; trauma; previous surgery; or condition/disease of the breast.
3. A surgical treatment plan that outlines the type of techniques and stages of the procedure(s) that will be performed has been developed, including considerations such as
  - a. reconstruction by an implant-based approach or through the use of autologous tissue, as well as nipple reconstruction, to restore shape of the affected breast; and
  - b. surgery for unaffected/contralateral breast, which may involve augmentation mammoplasty, reduction mammoplasty, and/or mastopexy to achieve breast symmetry.

MassHealth bases its determination of medical necessity for breast implant removal on clinical data including, but not limited to, indicators that would affect the relative risks and benefits of procedure, including post-operative recovery. These criteria include, but are not limited to, the following.

1. A comprehensive medical history and physical exam has been conducted by the surgeon to evaluate the need for breast implant removal.
2. Breast implant removal with or without capsulectomy is considered medically necessary if:
  - a. intended to correct, restore, or improve anatomical and/or functional impairments that result from leakage/rupture of a silicone gel-filled implant, extrusion of the implant through skin, implant infections refractory to medical management, tissue necrosis secondary to the implant, and cutaneous hypersensitivity-like reactions associated with breast implants that are refractory to conventional treatments;
  - b. the implant interferes with diagnostic evaluation of a suspected breast cancer or interferes with a medically necessary treatment of a known breast cancer;
  - c. the member has developed a symptomatic capsular contracture that (1) qualifies as either grade III or IV according to the Baker classification for capsular contracture, and (2) limits movement, leading to an inability to perform tasks that involved reaching or abduction.
3. A surgical treatment plan that outlines the type of techniques and stages of the procedure(s) that will be performed has been developed.
4. If any of the preceding criteria for removal of a breast implant is met unilaterally, MassHealth also considers the medical necessity of removal of the implant and capsulectomy or capsulotomy in the other unaffected/contralateral breast if both implants are removed at the same time.

## **B. NONCOVERAGE**

MassHealth does not consider breast reconstruction surgery to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. Breast reconstruction that is performed for the exclusive purpose of altering appearance and is unrelated to physical disease, defect, or traumatic injury
2. Breast reconstruction after prophylactic mastectomy performed to reduce risk of breast cancer in members who are not high risk
3. Replacement of breast implants placed for cosmetic purposes or reconstruction following removal of breast implant originally placed for cosmetic purposes, when performed in the absence of breast cancer or other covered indications

MassHealth does not consider breast implant removal to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the removal of asymptomatic, intact breast implants, except for cases of cancer diagnosis and treatment as described previously.

# 3

## SECTION III. SUBMITTING CLINICAL DOCUMENTATION

- A. Requests for PA for breast reconstruction surgery or breast implant removal must be accompanied by clinical documentation that supports the medical necessity for this procedure, including, but not limited to, documentation demonstrating that the member meets the clinical criteria for coverage of the intended procedure, as described in Section II.
- B. Documentation of medical necessity must include all of the following:
1. the primary diagnosis name and ICD-CM codes for the condition requiring either reconstruction or implant removal;
  2. the secondary diagnosis name(s) and ICD-CM code(s) pertinent to comorbid condition(s);
  3. the most recent medical evaluation, including a summary of the medical history and last physical exam;
  4. results from diagnostic imaging and laboratory tests pertinent to the diagnosis;
  5. risk factors or comorbid conditions;
  6. previous surgeries and hospitalizations;
  7. the surgical treatment plan (including any contralateral breast treatment); and
  8. other pertinent information that MassHealth may request.

Clinical information must be submitted by the MassHealth-enrolled qualified health professional performing the procedure. Providers must electronically submit PA requests and all supporting documentation using the Provider Online Service Center (POSC), unless the provider has a currently approved electronic claims waiver (hereinafter, “waiver”). Please see [All Provider Bulletin 369](#) for further waiver information. Questions about POSC access should be directed to the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

For PA requests that are not submitted using the POSC, providers with currently approved waivers must include the MassHealth Prior Authorization Request (PA-1 Form) and all supporting documentation. The PA-1 Form can be found at [mass.gov/prior-authorization-for-masshealth-providers](https://mass.gov/prior-authorization-for-masshealth-providers).

## SELECT REFERENCES

- Aetna/Breast Implant Removal - Medical Clinical Policy Bulletins. Accessed September 19, 2021. [http://www.aetna.com/cpb/medical/data/100\\_199/0142.html](http://www.aetna.com/cpb/medical/data/100_199/0142.html)
- Aetna/Breast Reconstructive Surgery - Medical Clinical Policy Bulletins. Accessed September 19, 2021. [http://www.aetna.com/cpb/medical/data/100\\_199/0185.html](http://www.aetna.com/cpb/medical/data/100_199/0185.html)
- Alderman, A., Gutowski, K., Ahuja, A., Gray, D., & Postmastectomy Expander Implant Breast Reconstruction Guideline Work Group (2014). ASPS clinical practice guideline summary on breast reconstruction with expanders and implants. *Plastic and reconstructive surgery*, 134(4), 648e–655e.
- Barnow, A., Canfield, T., Liao, R., Yadalam, S., Kalsekar, I., & Khanna, R. (2018). Breast Reconstruction Among Commercially Insured Women With Breast Cancer in the United States. *Annals of plastic surgery*, 81(2), 220–227. <https://doi.org/10.1097/SAP.0000000000001454>
- Bhat, D., Heiman, A. J., Talwar, A. A., Dunne, M., Amanjee, K., & Ricci, J. A. (2020). Access to Breast Cancer Treatment and Reconstruction in Rural Populations: Do Women Have a Choice?. *The Journal of surgical research*, 254, 223–231. <https://www.sciencedirect.com/science/article/abs/pii/S0022480420302584>
- Blasdel, G., Nolan, I. T., Harris, A. B., Young, E. I., & Hazen, A. (2020). Limited Coverage of Gender-Affirming Breast and Chest Reconstruction in Insurance CPT Coding Criteria. *Plastic and reconstructive surgery*, 146(2), 238e–240e. <https://doi.org/10.1097/PRS.0000000000007016>
- BlueCross BlueShield of Tennessee Medical Policy Manual, Breast Augmentation/Mammoplasty (Non-Cancerous). Accessed September 19, 2021. [https://www.bcbst.com/mpmanual/!SSL!/WebHelp/Breast\\_Augmentation.htm](https://www.bcbst.com/mpmanual/!SSL!/WebHelp/Breast_Augmentation.htm)
- BlueCross BlueShield of Tennessee Medical Policy Manual, Breast Implant Removal. Accessed September 19, 2021. [https://www.bcbst.com/mpmanual/!SSL!/WebHelp/Breast\\_Implant\\_Removal.htm](https://www.bcbst.com/mpmanual/!SSL!/WebHelp/Breast_Implant_Removal.htm)
- BlueCross BlueShield of Tennessee Medical Policy Manual, Breast Reconstructive and Symmetry Surgery Following Mastectomy. Accessed September 19, 2021. [https://www.bcbst.com/mpmanual/!SSL!/WebHelp/Breast\\_Reconstructive\\_and\\_Symmetry\\_Surgery\\_Following\\_Mastectomy.htm](https://www.bcbst.com/mpmanual/!SSL!/WebHelp/Breast_Reconstructive_and_Symmetry_Surgery_Following_Mastectomy.htm)
- Chouairi, F., Mets, E. J., Gabrick, K. S., Dinis, J., Avraham, T., & Alperovich, M. Impact of Insurance Payer on Type of Breast Reconstruction Performed. *Plastic and reconstructive surgery*. 2020;145(1):1e-8e. doi:10.1097/PRS.0000000000006315. <https://doi.org/10.1097/PRS.0000000000006315>
- Corporate Medical Policy Description of Procedure or Service Skin and Soft Tissue Substitutes Cosmetic and Reconstructive Surgery Gender Affirmation Surgery and Hormone Therapy Genetic Testing for Breast and Ovarian Cancer Genetic Testing for PTEN Hamartoma Tumor Syndrome. Published online 2000. Accessed September 19, 2021. [www.bcbsnc.com](http://www.bcbsnc.com).

Evidence-Based Clinical Practice Guideline: Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps. Published online 2017. doi:10.1097/PRS.0000000000003768. <https://www.plasticsurgery.org/documents/medical-professionals/quality-resources/guidelines/guideline-2017-autologous-breast-reconstruction.pdf>.

Ha, M., Ngaage, L. M., Zhu, K., Hricz, N., Slezak, S., & Rasko, Y. M. Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL): Are You Covered? *Aesthetic surgery journal*. Published online April 15, 2021. doi:10.1093/ASJ/SJAB177. <https://academic.oup.com/asj/article/41/12/NP1943/6226759>

Haran, O., Bracha, G., Tiosano, A., Menes, T., Madah, E., Gur, E., Barnea, Y., & Arad, E. (2021). Postirradiation Capsular Contracture in Implant-Based Breast Reconstruction: Management and Outcome. *Plastic and reconstructive surgery*, 147(1), 11–19. <https://doi.org/10.1097/PRS.0000000000007453>

Huang, J., Wang, M., & Chagpar, A. (2020). Factors Associated with Reconstruction in Patients Undergoing Mastectomy. *The American surgeon*, 86(2), 134–139.

Klein, M., Ha, M., Yang, A., Ngaage, L. M., Slezak, S., & Rasko, Y. A National Review of Insurance Coverage of Noncancerous Breast Reconstruction. *Annals of plastic surgery*. 2021;87(3):232-237. doi:10.1097/SAP.0000000000002871. [https://journals.lww.com/annalsplasticsurgery/abstract/2021/09000/a\\_national\\_review\\_of\\_insurance\\_coverage\\_of.2.aspx](https://journals.lww.com/annalsplasticsurgery/abstract/2021/09000/a_national_review_of_insurance_coverage_of.2.aspx)

Lalani T. Breast Implant Infections: An Update. *Infectious disease clinics of North America*. 2018;32(4):877-884. doi:10.1016/J.IDC.2018.06.007. <https://doi.org/10.1016/j.idc.2018.06.007>

Lee, R., Yogeswaran, G., Wilson, E., & Oni, G. (2021). Barriers and facilitators to breast reconstruction in ethnic minority women-A systematic review. *Journal of plastic, reconstructive & aesthetic surgery : JPRAS*, 74(3), 463–474. <https://doi-org.umassmed.idm.oclc.org/10.1016/j.bjps.2020.10.055>

Marra, A., Viale, G., Pileri, S. A., Pravettoni, G., Viale, G., De Lorenzi, F., Nolè, F., Veronesi, P., & Curigliano, G. Breast implant-associated anaplastic large cell lymphoma: A comprehensive review. *Cancer treatment reviews*. 2020;84. doi:10.1016/J.CTRV.2020.101963. <https://www.sciencedirect.com/science/article/abs/pii/S0305737220300013?via%3Dihub>

MCD - Breast Reconstruction Following Mastectomy (140.2). Accessed September 19, 2021. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=64>

Mureau, M., & Breast Reconstruction Guideline Working. Dutch breast reconstruction guideline. *Journal of plastic, reconstructive & aesthetic surgery : JPRAS*. 2018;71(3):290-304. doi:10.1016/J.BJPS.2017.12.020. <https://doi.org/10.1016/j.bjps.2017.12.020>

NC Medicaid, Medicaid and Health Choice Breast Surgeries Clinical Coverage Policy No: 1A-12. Published online 2021. Accessed September 19, 2021. <https://medicaid.ncdhhs.gov/>

Popowich, B., Kostaras, X., & Temple-Oberle, C. Breast reconstruction after therapeutic or prophylactic mastectomy for breast cancer: A comparison of guideline recommendations. *European journal of surgical oncology: the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology*. 2020;46(6):1046-1051. doi:10.1016/J.EJSO.2020.01.024. <https://pubmed.ncbi.nlm.nih.gov/32057564/>

Restrepo, D. J., Boczar, D., Huayllani, M. T., Sisti, A., Gabriel, E., McLaughlin, S. A., Bagaria, S., Spaulding, A. C., Rinker, B. D., & Forte, A. J. Influence of Race, Income, Insurance, and Education on the Rate of Breast Reconstruction. *Anticancer research*. 2019;39(6):2969-2973. doi:10.21873/ANTICANRES.13428

Rose J, Puckett Y. Breast Reconstruction Free Flaps. *StatPearls*. Published online June 7, 2021. Accessed September 19, 2021. <https://www.ncbi.nlm.nih.gov/books/NBK541048/>

Sarfati, I., Millochau, J., Meredith, I., Leroy, O., Parra, R. V., Romano, G., Nos, C., & Clough, K. B. Salvaging the infected breast implant: results of a retrospective series of 80 consecutive cases. *Journal of plastic, reconstructive & aesthetic surgery: JPRAS*. 2020;73(12):2232-2238. doi:10.1016/J.BJPS.2020.05.042. <https://www.sciencedirect.com/science/article/abs/pii/S1748681520302242?via%3Dihub>

Siotos, C., Lagiou, P., Cheah, M. A., Bello, R. J., Orfanos, P., Payne, R. M., Broderick, K. P., Aliu, O., Habibi, M., Cooney, C. M., Naska, A., & Rosson, G. D. (2020). Determinants of receiving immediate breast reconstruction: An analysis of patient characteristics at a tertiary care center in the US. *Surgical oncology*, 34, 1–6. <https://pubmed.ncbi.nlm.nih.gov/32103789/>

Spear, S.L., Baker Jr, J.L. Classification of capsular contracture after prosthetic breast reconstruction. *Plastic and reconstructive surgery*. 1995;96(5):1119-23;1124, PMID: 7568488.

Tung, L., Jeong, Y. J., Lane, C., Carey, J. N., Sposto, R., Schechter, N. R., Sener, S. F., & Lang, J. E. (2019). Factors Leading to Decreased Rates of Immediate Postmastectomy Reconstruction. *The Journal of surgical research*, 238, 207–217. <https://doi.org/10.1016/j.jss.2019.01.010>

UnitedHealthcare. Breast Repair/Reconstruction Not Following Mastectomy (for Tennessee Only) – Community Plan Coverage Determination Guideline. Published online 2021. Accessed September 19, 2021. <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/breast-repair-reconstruction-not-following-mastectomy-08092019.pdf>

Wang, M. M., Warnack, E., & Joseph, K. A. (2019). Breast Reconstruction in an Underserved Population: A Retrospective Study. *Annals of surgical oncology*, 26(3), 821–826. <https://doi.org/10.1245/s10434-018-6994-4>

Yalamanchili, S., Madzia, J., Dembinski, D., Ortman, M., & Gobble, R. (2021). A look at racial and socioeconomic disparities in post-mastectomy breast reconstruction at a midwestern academic hospital. *The breast journal*, 27(5), 461–465. <https://pubmed.ncbi.nlm.nih.gov/33675136/>

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These guidelines are based on review of the medical literature and current practice in breast reconstruction and breast implant removal. MassHealth reserves the right to review and update the contents of these guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, those readers should contact their health care provider for guidance or explanation.

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