



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

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These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for breast reconstruction and intact 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 433.000, 415.000, and 450.000 and Subchapter 6 of the Physician Manual for information about coverage, limitations, service conditions, and other prior-authorization requirements applicable to this service. Providers serving members enrolled in MassHealth-contracted managed care organizations (MCOs) or a MassHealth-contracted integrated care organization (ICO) should refer to the MCO's or ICO's medical policies for covered services. MassHealth requires prior authorization for breast reconstruction and intact breast implant removal and reviews requests for prior authorization 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.

## SECTION I. GENERAL INFORMATION

# 1

Breast reconstruction surgery 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. Breast reconstruction may also be considered to correct chest wall deformities, amazia (absence of breast tissue when the nipple is present), and trauma. Reconstruction procedures may involve multiple techniques and stages to recreate the breast mound through the use of prosthetic implants, tissue flaps, or autologous tissue transfers, as well as nipple/areola reconstruction. Intact breast implant removal may be considered in instances of extrusion through skin, infections, or mastectomy due to recurrence of breast cancer. MassHealth considers approval for coverage of breast reconstruction surgery and intact breast implant removal on an individual, case-by-case basis, in accordance with 130 CMR 450.204.

## SECTION II. CLINICAL GUIDELINES

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### A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for breast reconstruction and intact breast implant removal on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure, including post-operative recovery. These 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 including mastectomy or lumpectomy, therapeutic interventions (for example, radiation), or disease of the breast. Intact breast implant removal is intended to correct, restore, or improve anatomical and/or functional impairments that result from extrusion of the implant through skin, implant infections, or breast cancer recurrence.
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. When the proposed surgery follows a mastectomy that has been performed to remove a malignant neoplasm or carcinoma in situ of the breast or has been performed prophylactically to reduce the risk of breast cancer in high-risk women, breast reconstruction in connection with a mastectomy may include:
  - a. Prosthetic implants, tissue expansion, and/or nipple reconstruction to restore normal appearance of the affected breast; and
  - b. Contralateral surgery for the unaffected breast, which may involve mastopexy or reduction to improve symmetry and appearance. .

#### **B. NONCOVERAGE**

MassHealth does not consider breast reconstruction 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 or defect or traumatic injury.
2. Breast reconstruction after prophylactic mastectomy performed to reduce risk of breast cancer in women who are not high risk.
3. Removal of asymptomatic, intact breast implants is not covered.
4. In the absence of breast cancer, replacement of breast implants placed for cosmetic purposes is not covered.

### **SECTION III: SUBMITTING CLINICAL DOCUMENTATION**

- A. Requests for prior authorization of breast reconstruction surgery must be accompanied by clinical documentation that supports the medical necessity for this procedure.
- B. Documentation of medical necessity must include all the following:
  1. the primary diagnosis name and ICD-CM codes for the condition requiring reconstruction;

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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; and
  8. any other clinical information requested by MassHealth.
- C. Clinical information must be submitted by the treating surgeon. Providers are strongly encouraged to submit requests electronically. Providers must submit all information pertinent to the diagnosis using the Provider Online Service Center (POSC) or by completing a MassHealth Prior Authorization Request form (using the PA-1 paper form found at [www.mass.gov/masshealth](http://www.mass.gov/masshealth)) and attaching pertinent documentation. The PA-1 form and documentation should be mailed to the address on the back of the form. Questions regarding POSC access should be directed to the MassHealth Customer Service Center at 1-800-841-2900.

## SELECT REFERENCES

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These Guidelines are based on review of the medical literature and current practice in breast reconstruction. 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, contact your health-care provider for guidance or explanation.

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