

310-C - BREAST RECONSTRUCTION AFTER MASTECTOMY

EFFECTIVE DATES: 10/01/94, 11/27/18

REVISION DATES: 10/01/99, 10/01/01, 05/01/06, 10/01/06, 01/01/11, 09/27/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for breast reconstruction surgery following a Mastectomy.

II. DEFINITIONS

MASTECTOMY Removal of the entire breast through surgery.

III. POLICY

Breast reconstruction surgery for the purposes of breast reconstruction post-mastectomy is a covered service if the member is AHCCCS eligible. The member may elect to have breast reconstruction surgery immediately following the Mastectomy or may choose to delay breast reconstruction; however, the member shall be AHCCCS eligible at the time of breast reconstruction surgery. The type of breast reconstruction performed is determined by the physician in consultation with the member.

A. COVERAGE POLICIES FOR BREAST RECONSTRUCTIVE SURGERY

1. Reconstruction of the affected and the contralateral unaffected breast following a medically necessary Mastectomy is considered an effective non-cosmetic procedure. Breast reconstruction surgery following Mastectomy for any medical reason is a covered service.
2. Medically necessary breast implant removal is a covered service. Replacement of breast implants is a covered service when the original implant was the result of a medically necessary Mastectomy. Replacement of implants is not a covered service when the purpose of the original implant was cosmetic (i.e., augmentation).
3. External prosthesis, including a surgical brassiere, is covered for members who choose not to have breast reconstruction post-mastectomy, or who choose to delay breast reconstruction until a later time.

B. LIMITATIONS

Reconstructive breast surgery of the unaffected contralateral breast following Mastectomy is considered medically necessary if required to achieve relative symmetry with the reconstructed affected breast. Prior to surgery, the surgeon will consult with the Contractor for authorization. The surgeon will determine at the time of reconstructive surgery how and when to proceed with the symmetry procedure based on risk factors, technical feasibility, and obtainable results that consider the member’s expectations.

AHCCCS does not cover services provided solely for cosmetic purposes (A.A.C. R9-22-205). If a member has had a breast implant procedure for cosmetic purposes, (i.e. augmentation), not related to a Mastectomy, medically necessary removal of the implant is covered, but implant replacement is not covered.

Prior Authorization (PA) from the AHCCCS Division of Fee-For-Service Management is required for breast reconstruction surgery provided to FFS members. Refer to AMPM Policy 820 for PA requirements for FFS providers.