310-C BREAST RECONSTRUCTION AFTER MASTECTOMY

REVISION DATES: 01/01/2011, 10/01/06, 05/01/06, 10/01/01, 10/01/99

INITIAL
EFFECTIVE DATE: 10/01/1994

DESCRIPTION

AHCCCS covers breast reconstruction surgery for eligible members following a medically necessary mastectomy regardless of AHCCCS eligibility at time of mastectomy.

AMOUNT, DURATION AND SCOPE

Breast reconstruction surgery is a covered service if the individual is AHCCCS eligible, and as noted in this section. The member may elect to have breast reconstruction surgery immediately following the mastectomy or may choose to delay breast reconstruction, but the member must 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.

Coverage policies for breast reconstructive surgery include:

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 removal of a breast for any medical reason is a covered service.

2. Medically necessary implant removal is a covered service. Replacement of 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 (e.g., augmentation).

3. External prostheses, including a surgical brassiere, will be covered for members who choose not to have breast reconstruction, or who choose to delay breast reconstruction until a later time.

LIMITATIONS

1. AHCCCS does not cover services provided solely for cosmetic purposes (R9- 22-205). If a member has had an implant procedure for cosmetic

purposes (e.g., augmentation) not related to a mastectomy, medically necessary removal is covered but replacement is not.

2. Reconstructive breast surgery of the unaffected contralateral breast following mastectomy will be considered medically necessary only if required to achieve relative symmetry with the reconstructed affected breast. Except in extraordinary circumstances, the medical necessity of reconstructive breast surgery must be determined by the surgeon, in consultation with the Contractor‘s Medical Director, at the time of reconstruction or during the immediate post-operative period.

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 Chapter 800 for further discussion of PA requirements for FFS providers.