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Breast Surgery**Mastectomy**

Mastectomy or breast conserving surgery is covered when medically necessary.

Risk-reducing mastectomy to prevent cancer is considered medically necessary for beneficiaries that meet all of the following criteria:

1. A high risk of breast cancer, as defined by one or more of the following:
 - a. Positive genetic mutation that is known or likely to confer a high risk of breast cancer (e.g., BRCA1 and BRCA2) where risk-reducing mastectomy is recommended by National Comprehensive Cancer Network guidelines;
 - b. Significant family history, as defined by meeting the family history criteria listed under “Breast and Ovarian Cancer” within the “Genetic Testing” policy; or
 - c. Prior thoracic radiation therapy at an age less than 30 years old.
2. A life expectancy greater than or equal to 10 years.

Breast Reconstruction

Reconstructive breast surgery is covered after a therapeutic intervention (e.g., mastectomy) or trauma resulting in significant loss of breast tissue.

The following services are considered medically necessary:

1. Reconstruction of the affected breast;
2. Reconstruction of the contralateral breast to produce a symmetrical appearance;
3. Prostheses (implanted, external, or both); and
4. Treatment of complications of the reconstruction.

All prosthetic implants must be FDA approved and used in compliance with all FDA requirements at the time of the surgery.

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Reduction Mammoplasty and Removal of Breast Implants

Reduction mammoplasty and removal of breast implants for the purpose of breast reconstruction are covered under the above breast reconstruction policy.

Reduction mammoplasty for purposes other than reconstruction is considered medically necessary when all of the following criteria are met:

1. Pubertal breast development is complete;
2. A diagnosis of macromastia with at least 2 of the following symptoms for at least a 12-week duration:
 - a. Chronic breast pain;
 - b. Headache;
 - c. Neck, shoulder, or back pain;
 - d. Shoulder grooving from bra straps;
 - e. Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area;
 - f. Thoracic kyphosis;
 - g. Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management; and/or
 - h. Congenital breast deformity.
3. There is a reasonable likelihood that the symptoms are primarily due to macromastia; and
4. The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms.

Removal of breast implants for purposes other than reconstruction is considered medically necessary for the following indications:

1. Visible capsular contracture causing pain (Baker Grade IV);

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2. Diagnosed or suspected implant rupture;
3. Local or systemic infection;
4. Siliconoma or granuloma;
5. Implant extrusion;
6. Interference with the diagnosis or treatment of breast cancer; and
7. Breast implant-associated anaplastic large cell lymphoma.

If an indication for medically necessary removal of breast implants is present unilaterally, removal of the contralateral breast implant is also considered medically necessary when performed during the same operative session.

When the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast, reduction mammoplasty and removal of breast implants are considered cosmetic and not medically necessary.