Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

Breast Reconstruction Surgery

Covered Service: Yes– Coverage for breast reconstruction and breast prosthesis following mastectomy or lumpectomy is governed by federal and/or state mandates (i.e. Women’s Health and Cancer Rights Act 1998)

Prior Authorization Required: No

Additional information: None.

Medicare Policy: Dean Health Plan pays when Medicare also covers the benefit.

BadgerCare Policy: Dean Health Plan pays when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Breast reconstruction procedures following mastectomy and lumpectomy that results in significant deformity (i.e. mastectomy or lumpectomy for treatment of or prophylaxis for breast cancer and mastectomy or lumpectomy performed for chronic, severe fibrocystic breast disease) are medically necessary for the following:

1.1 Breast reconstruction performed on the diseased/affected breast i.e. breast on which the mastectomy/lumpectomy was performed, including:

1.1.1 Areolar and nipple reconstruction
1.1.2 Areolar and nipple tattooing
1.1.3 Autologous fat transplant (i.e. lipoinjection, lipofilling, lipomodeling)
1.1.4 Breast implant removal and subsequent reimplantation
1.1.5 Capsulectomy
1.1.6 Capsulotomy
1.1.7 Implantation of tissue expander
1.1.8 Implantation of U.S. Food and Drug Administration (FDA)-approved internal breast prosthesis
1.1.9 Reconstructive surgical revisions
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1.1.10 Tissue/muscle reconstruction procedures (e.g. flaps), including, but not limited to, the following:

1.1.10.1 Deep inferior epigastric perforator (DIEP) flap
1.1.10.2 Latissmus dorsi (LD) myocutaneous flap
1.1.10.3 Ruben’s flap (deep circumflex iliac artery flap)
1.1.10.4 Superficial inferior epigastric perforator/artery (SIEP/SIEA) flap
1.1.10.5 Superior or inferior gluteal free flap
1.1.10.6 Transverse rectus abdominus myocutaneous (TRAM) flap
1.1.10.7 Transverse upper gracilis (TUG) flap

1.2 Breast reconstruction procedures performed on the nondiseased/unaffected breast after having a mastectomy/lumpectomy, in order to produce a symmetrical appearance are considered medically necessary, including:

1.2.1 Areolar and nipple reconstruction
1.2.2 Areolar and nipple tattooing
1.2.3 Augmentation with implantation of FDA-approved internal breast prosthesis
1.2.4 Autologous fat transplant (i.e. lipoinjection, lipofilling, lipomodeling)
1.2.5 Breast implant removal and subsequent reimplantation when performed to produce a symmetrical appearance
1.2.6 Breast reduction by mammoplasty or mastopexy
1.2.7 Capsulectomy
1.2.8 Capsulotomy
1.2.9 Reconstructive surgery revisions to produce a symmetrical appearance

2.0 Breast reconstruction done for Poland Syndrome is reconstructive. Components of Poland syndrome include absence of the pectoralis muscle, absence of the pectoralis major muscle, absence or hypoplasia of the pectoralis minor muscle, absence of costal cartilages, hypoplasia of breast and subcutaneous tissue (including the nipple complex), and a variety of hand anomalies.

3.0 Suction lipectomy or ultrasonically-assisted suction lipectomy (liposuction) for correction of surgically-induced donor site asymmetry (e.g. trunk or extremity) that results from one or more flap breast reconstruction procedure(s) is not covered as it is not medically necessary.

4.0 The following are examples of non-covered breast procedures not limited to:

4.1 Replacement of an existing breast implant if the earlier breast implant was performed as a cosmetic procedure.
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4.2 Breast reduction surgery that is determined to be a cosmetic or not medically necessary procedure.

4.3 Breast prosthetics or replacement following a cosmetic breast augmentation.

5.0 The following breast reconstruction procedures are **NOT** covered as these treatments are considered experimental/ investigational for this indication:

5.1 Autologous fat transplant with the use of adipose-derived stem cells

5.2 Vascularized lymph node transfer (VLNTx)

5.3 Xenograft cartilage grafting.

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<th>Committee/Source</th>
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