curative

TITLE:	BREAST RECONSTRUCTIVE SURGERY POLICY
POLICY #:	MM-PNP-055
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	4/12/2024
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for Breast Reconstructive Surgery.

2. SCOPE

Medical UM Department

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

Medical UM Department

5. POLICY

Medical Necessity

Curative considers reconstructive breast surgery medically necessary:

1. After a medically necessary mastectomy; *or*
2. A medically necessary lumpectomy that results in a 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, also known as cystic mastitis, unresponsive to medical therapy).
3. Curative considers harvesting (via of lipectomy or liposuction) and grafting of autologous fat as a replacement for implants for breast reconstruction, or to fill defects after breast conservation surgery or other reconstructive techniques medically necessary.
4. Curative considers breast reconstructive surgery to correct breast asymmetry cosmetic except for the following conditions:
5. Surgical correction of chest wall deformity causing functional deficit in Poland syndrome when criteria are met in **Pectus Excavatum and Poland's Syndrome: Surgical Correction**; *or*
6. Repair of breast asymmetry due to a medically necessary mastectomy or a medically necessary lumpectomy that results in a significant deformity. Medically necessary procedures on the non-diseased/unaffected/contralateral breast to produce a symmetrical

appearance may include areolar and nipple reconstruction, areolar and nipple tattooing, augmentation mammoplasty, augmentation with implantation of FDA-approved internal breast prosthesis when the unaffected breast is smaller than the smallest available internal prosthesis, breast implant removal and subsequent re-implantation when performed to produce a symmetrical appearance, breast reduction by mammoplasty or mastopexy, capsulectomy, capsulotomy, and reconstructive surgery revisions to produce a symmetrical appearance; *or*

7. Prompt repair of breast asymmetry due to trauma

Note: See **Cosmetic Surgery** for criteria related to surgical repair of cosmetic disfigurement due to trauma.

Medically Necessary Procedures

- Medically necessary procedures include:
  - Capsulectomy
  - Capsulotomy
  - Implantation of Food and Drug Administration (FDA)-approved internal breast prosthesis
  - Mastopexy
  - Insertion of breast prostheses
  - Use of tissue expanders, or reconstruction with a latissimus dorsi (LD) myocutaneous flap,
  - Ruben’s flap
  - Superficial inferior epigastric perforator (SIEP) flap
  - Superior or inferior gluteal free flap
  - Transverse upper gracilis (TUG) flap
  - Transverse rectus abdominis myocutaneous (TRAM) flap
  - Deep inferior epigastric perforator (DIEP) flap
  - Superficial inferior epigastric artery (SIEA) flap
  - Superior gluteal artery perforator (SGAP) flap
  - Profunda artery perforator flap
  - Similar procedures, including skin sparing techniques.

- Harvesting (via of lipectomy or liposuction) and grafting of autologous fat as a replacement for implants for breast reconstruction, or to fill defects after breast conservation surgery or other reconstructive techniques.
- Associated nipple and areolar reconstructions and tattooing of the nipple area.
- Reduction (or some cases augmentation) mammoplasty and related reconstructive procedures on the unaffected side for symmetry.

- Medically necessary acellular dermal matrices:

1. Alloderm (LifeCell Corp., Branchburg, NJ)
2. Alloderm-RTU (LifeCell Corp., Branchburg, NJ)
3. Cortiva (formerly known as AlloMax, NeoForm) (Davol, Inc., Warwick, RI)
4. DermACELL (Novadaq Technologies, Bonita Springs, FL)
5. DermaMatrix (Musculoskeletal Transplant Foundation/Synthes CMF, West Chester, PA)
6. FlexHD (Musculoskeletal Transplant Foundation/Ethicon, Inc., Somerville, NJ)
7. Strattice (LifeCell Corp., Branchburg, NJ)
8. SurgiMend (TEI Biosciences, Boston, MA).

Experimental and Investigational

The following procedures are considered experimental and investigational because there is insufficient evidence to support the effectiveness of the approach:

- Artia Reconstructive Tissue Matrix
- Biodesign Nipple Reconstruction Cylinder
- Body lift perforator flap technique for breast reconstruction
- Nerve coaptation for improvement of sensation following breast reconstruction.
- SimpliDerm (human acellular dermal matrix) for breast reconstruction surgery
- Three-dimensional (3D) volumetric imaging and reconstruction of breast or axillary lymph node.

Cosmetic

Curative considers breast reconstructive surgery to correct breast asymmetry cosmetic in all situations except those listed in Section I.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

7.1. All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

N/A

10. REFERENCE DOCUMENTS AND MATERIALS

10.1. Related Policies

- Breast Reduction Surgery and Gynecomastia Surgery
- Cosmetic Surgery
- Breast and Ovarian Cancer Susceptibility Gene Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy
- Skin and Soft Tissue Substitutes
- Pectus Excavatum and Poland's Syndrome: Surgical Correction
- Transgender Affirming Surgery

11. COLLABORATING DEPARTMENTS

N/A

12. DOCUMENT CONTROL

APPROVED BY:		
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(Printed Name) **(Date)**		**(Signature)**

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A:

N/A