



March 10, 2015

# Montana Healthcare Programs Notice

## Hospital Inpatient, Hospital Outpatient, and Physician

---

### Criteria for Breast Reconstruction

Breast surgery to rebuild the normal contour of the affected and the contralateral unaffected breast to produce a more normal appearance is considered reconstructive following a medically necessary mastectomy.

The number of procedures and timing of these procedures varies depending on the individualized treatment plan devised by the treating physicians and may be impacted by the overall treatment plan for the breast cancer itself.

Covered reconstructive procedures include any or all of the following:

- Reconstructive surgery and implant insertion;
- Procedures where muscle tissue is transposed from another site;
- Reconstruction of the contralateral breast to achieve symmetry with reduction mammoplasty, augmentation mammoplasty with implants, or mastopexy.

Breast surgery of both breasts is considered reconstructive following the mastectomy of both breasts. Breast surgery to alter the contour of the breast is considered reconstructive when there are significant abnormalities related to trauma, congenital defects, or infection. These cases are determined on a case-by-case basis.

Reconstruction revisions are only covered for medically necessary purposes such as infection, painful contracture of Baker classification of grade III or higher, and silicone gel-filled implant rupture.

### Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.