Effective Date: 3/21/18

Criteria for Breast Reconstruction-Revised

Montana Medicaid does not cover cosmetic procedures 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 of one breast. Breast surgery of both breasts is considered reconstructive following the mastectomy of both breasts. The original (non-revision) reconstruction can occur at any time, there cannot be a time limit on when the original reconstruction begins due to the need for individual treatment plans.

Covered reconstructive procedures include any or all of the following:

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

Reconstruction revisions are usually designed to fine-tune the reconstructed breast in order to improve the overall cosmetic appearance and are typically considered a cosmetic procedure and not medically necessary. Reconstruction revisions will only be covered for medically necessary purposes such as infection, painful contracture of Bakers Classification of grade III or higher, and silicone gel-filled implant rupture.

Reconstruction revisions for saline-filled implant rupture are covered only if the original reconstruction was done for a documented medically necessary reason. Implant ruptures will be reviewed on a case by case basis.

Reconstructive revisions are for the affected breast only.