



Department of Public Health and Human Services

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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.