



March 10, 2015

Montana Healthcare Programs Notice

Hospital Inpatient, Hospital Outpatient, and Physician

Criteria for Prophylactic Mastectomy

Prophylactic mastectomy is not a routinely covered benefit; however, individual cases may be reviewed for medical necessity.

Factors for which may be considered for review include:

- Family history
- Breast cancer diagnosis
- Positive BRCA1 or BRCA2 gene mutation
- Diffuse microcalcifications

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.

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