

# Humana Healthy Horizons™ in Louisiana

<b>Department:</b> Utilization Management	<b>Policy and Procedure No:</b>		
<b>Policy and Procedure Title:</b> Breast Surgery Clinical Coverage Policy			
<b>Process Cycle:</b> Annually		<b>Responsible Departments:</b> Clinical	
<b>Approved By:</b> Patricia Jones, RN		<b>Issue Date:</b> 1/1/23	<b>Revised:</b>

**PURPOSE:** The purpose of this policy is to define Breast Surgery and the criteria for medical necessity for Humana Healthy Horizons in Louisiana.

## **POLICY AND PROCEDURE:**

### **Policy: Breast Surgery Clinical Coverage Policy**

#### **Procedure:**

#### **Mastectomy**

Mastectomy or breast conserving surgery is covered when medically necessary.

Risk-reducing mastectomy to prevent cancer is considered medically necessary for beneficiaries that meet all of the following criteria:

- A high risk of breast cancer, as defined by **one or more** of the following:
  - Positive genetic mutation that is known or likely to confer a high risk of breast cancer (e.g., BRCA1 and BRCA2) where risk-reducing mastectomy is recommended by National Comprehensive Cancer Network guidelines; or
  - Significant family history, as defined by meeting the family history criteria listed under “Breast and Ovarian Cancer” within the “Genetic Testing” policy; or
  - Prior thoracic radiation therapy at an age less than 30 years old; and
- A life expectancy greater than or equal to 10 years.

#### **Breast Reconstruction**

Reconstructive breast surgery is covered after a therapeutic intervention (e.g., mastectomy) or trauma resulting in significant loss of breast tissue.

The following services are considered medically necessary:

- Reconstruction of the affected breast;
- Reconstruction of the contralateral breast to produce a symmetrical appearance;
- Prostheses (implanted, external, or both); and
- Treatment of complications of the reconstruction.

All prosthetic implants must be FDA approved and used in compliance with all FDA requirements at the time of the surgery.

#### **Reduction Mammoplasty and Removal of Breast Implants**

Reduction mammoplasty and removal of breast implants for the purpose of breast reconstruction are covered under the above breast reconstruction policy.

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Reduction mammoplasty for purposes other than reconstruction is considered medically necessary when all of the following criteria are met:

- Pubertal breast development is complete;
- A diagnosis of macromastia with at least 2 of the following symptoms for at least a 12- week duration:
  - Chronic breast pain
  - Headache
  - Neck, shoulder, or back pain
  - Shoulder grooving from bra straps
  - Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area
  - Thoracic kyphosis
  - Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management
  - Congenital breast deformity;
- There is a reasonable likelihood that the symptoms are primarily due to macromastia; and
- The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms.

Removal of breast implants for purposes other than reconstruction is considered medically necessary for the following indications:

- Visible capsular contracture causing pain (Baker Grade IV)
- Diagnosed or suspected implant rupture
- Local or systemic infection
- Siliconoma or granuloma
- Implant extrusion
- Interference with the diagnosis or treatment of breast cancer
- Breast implant-associated anaplastic large cell lymphoma

If an indication for medically necessary removal of breast implants is present unilaterally, removal of the contralateral breast implant is also considered medically necessary when performed during the same operative session.

When the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast, reduction mammoplasty and removal of breast implants are considered cosmetic and not medically necessary.

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## ADDITIONAL RESOURCES:

Louisiana Department of Health, Louisiana Medicaid Managed Care Organization (MCO) Manual; Updated June 30, 2022. [MCO Manual 2022-06-30.pdf\(la.gov\)](#). Accessed August 16, 2022.

## VERSION CONTROL:

Version.Review.Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:
Clinical	Policy Development	Tiffany LeBlanc	8/18/2022	
Clinical	Policy Review	Patricia Jones/Cali Brou	8/22/2022	
Clinical	Policy Review	Dr. Ian Nathanson, VP Medicaid Clinical	8/22/2022	
Clinical	Adoption Review	Medicaid Quality Governance Committee	8/25/2022	Committee approved. Ben Thompson, Committee Chair

## DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

## NON-COMPLIANCE:

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Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).