Breast Reconstruction

Surgical procedures that are designed to restore the normal appearance of the breast after surgery, such as mastectomy or lumpectomy, and surgical procedures used to restore, correct or improve anatomical and/or functional impairments that result from accidental injury, previous surgery, therapeutic interventions, or disease of the breast.

Coverage Guidelines:

1. Documented evidence of injury or disease which causes breast tissue destruction, disfigurement or distortion; or
2. Reconstruction is secondary to mastectomy or lumpectomy (for breast cancer or prophylaxis for breast cancer); or
3. Treatment of lymphedema.

Procedures performed solely for cosmetic purposes are not covered.

Prior Authorization shall be valid for 12 months from date of issuance.

Approved by: [Signature] Jerry Fingerut, MD

Date: 5 March 2019

Reviewed: ______________________

Revised: _______________________