Abstract

For Members
Breast reconstruction refers to surgical procedures to rebuild the contour of the breast. Typically breast reconstruction is performed following a mastectomy, where the breast has been removed. Most women who have had a mastectomy can have reconstruction. Women who have had only the part of the breast around the cancer removed (lumpectomy) may not need reconstruction.

For Medical Professionals
Breast reconstruction surgery (including nipple & areola) coverage after removal of breast is subject to policy terms and conditions. Removal and replacement of an implant is also subject to policy terms and conditions.
Breast Reconstruction Surgery Post-Mastectomy

Scope
The scope of the adjudication rule is to explain the policy of Daman on the coverage of breast reconstruction (including nipple/areola) surgeries post mastectomy.

Breast reconstruction: refers to surgical procedures to rebuild the contour of the breast. Typically breast reconstruction is performed following a mastectomy (i.e., the breast has been removed because of breast cancer).

Most women who have had a mastectomy can have reconstruction. Women who have had only the part of the breast around the cancer removed (lumpectomy) may not need reconstruction.

Adjudication Policy

Eligibility / Coverage Criteria
Coverage of breast reconstruction post-mastectomy by Daman is subject to policy terms and conditions.

The coverage of breast reconstruction surgery for various health insurance plans administered by Daman is as follows:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Plans Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Reconstruction following mastectomy for treatment of cancer</td>
<td>Covered for all plans administered by Daman (subject to policy terms and conditions)</td>
</tr>
<tr>
<td>Breast Reconstruction following mastectomy for other medically necessary conditions including accidental injury and trauma</td>
<td>Covered for all plans administered by Daman</td>
</tr>
<tr>
<td>Breast Reconstruction following mastectomy for other medically necessary conditions including therapeutic interventions (e.g. radiation) and diseases of the breast</td>
<td>Not covered for any plan administered by Daman except Thiqa (For Thiqa, covered if medically prescribed as treatment)</td>
</tr>
</tbody>
</table>

Note: The whole breast reconstruction procedure will be covered (including nipple and areola reconstruction).

Requirements for Coverage
ICD-9 CM codes should be reported to the highest level of specificity.

Non-Coverage
Breast reconstruction surgery will not be covered for the following Daman administered health insurance plans / members:
- Visitor’s plan

- Individual/ Small Group Plan - if the surgery is further to an undeclared pre-existing condition.
- Basic (I/O) card holders – 6 months waiting period is applicable if breast reconstruction if further to malignancy.

Removal & replacement of an implant (due to any complication such as infection, burst etc.) following mastectomy due to breast carcinoma is covered (it will not be covered if the implants were inserted due to cosmetic reasons).

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1
Question: A 42 year old lady holding Regional card diagnosed with breast cancer left breast, was advised to undergo Breast reconstruction with TRAM flap. Will the surgery be covered for this lady?
Answer: Yes, the surgery will be covered for this member.

Example 2
Question: A 38 year old lady holding Thiqa card diagnosed with breast cancer right breast and underwent breast reconstruction with TRAM flap (right side). She has been advised to further undergo for nipple & areola reconstruction. Will this surgery be covered for this lady?
Answer: Yes, the surgery for Nipple & areola will be covered for this member.

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
</tr>
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<tbody>
<tr>
<td>NCOV-003</td>
<td>Service(s) is (are) not covered</td>
</tr>
<tr>
<td>AUTH-001</td>
<td>Prior approval is required and was not obtained</td>
</tr>
<tr>
<td>AUTH-005</td>
<td>Claim information is inconsistent with pre-certified/authorized services</td>
</tr>
<tr>
<td>CODE-010</td>
<td>Activity/diagnosis inconsistent with clinician specialty</td>
</tr>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
</tbody>
</table>
Appendices

A. References


2. General Exclusion list


B. Revision History

<table>
<thead>
<tr>
<th>Date effective</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-07-13</td>
<td>V2.0: New template Added: Coverage information added for replacement of implant</td>
</tr>
<tr>
<td>15-07-14</td>
<td>1. V 3.0 2. Disclaimer updated as per system requirements 3. Restored original effective date</td>
</tr>
<tr>
<td>01-02-15</td>
<td>1. V 3.1 2. Added special coverage for nipple &amp; areola reconstruction as per policy terms and conditions</td>
</tr>
</tbody>
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