



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Breast Surgery

Benefit

Breast reduction surgery is a covered benefit if determined medically necessary by an IPA Physician.

Breast reconstruction post- mastectomy is also covered; the mastectomy need not have been performed while the member was enrolled in the HMO.

Interpretation

Breast Reduction

Breast reduction performed strictly for cosmetic reasons is not covered (see also "Cosmetic Reconstructive Surgery"). Breast reduction for psychological reasons is also excluded.

Reasons for covered breast reduction surgery include, but are not limited to, the following documented conditions:

- Severe back pain related to breast size, incurable by other means
- Intertrigo, excoriation and skin breakdown due to the weight of the breasts
- Postural problems or deep shoulder grooves from brassiere straps

Prophylactic Mastectomy With Reconstruction

Prophylactic mastectomy and reconstruction are covered if the primary care physician and appropriate consultant agree that such a procedure is necessary for a member at high risk of developing breast cancer. A second surgical opinion may be obtained to confirm the risk and the appropriateness of the procedure. (See benefits interpretation on Second Opinions.)

Breast Reconstruction

Post-mastectomy breast reconstruction with or without prosthesis, including reconstruction of nipple and areola, is in benefit. The mastectomy need not have occurred while the member was an HMO member.

Surgery and reconstruction of the other breast to produce a symmetrical appearance is also in benefit post-mastectomy.

Breast Augmentation

Augmentation of small but otherwise normal breasts is considered purely cosmetic and is not in benefit.

Augmentation mammoplasty and mastopexy to construct congenitally absent breast tissue is in benefit.

Complications

If a breast prosthesis becomes encapsulated, infected, or otherwise causes significant symptoms, surgery to remove the prosthesis is covered regardless of the reason that the original prosthesis was placed. However, if a breast prosthesis was originally placed for purely cosmetic reasons, neither the replacement prosthesis nor the reimplantation procedure is covered.

Bras and Prostheses

Bras for mastectomy members are covered as prosthetic devices. Post-mastectomy breast prostheses are also covered (See Prosthetic Devices).

Paid by	Professional Charges	IPA
	Inpatient and/or Outpatient Surgical Facility Charges	HMO
	Prosthetic Charges (from a contracted provider)	HMO
	Prosthetic Charges (from a non-contracted provider)	IPA
	Medical Supply Charges	HMO

Note: See related benefits interpretations on Cosmetic/Reconstructive Surgery, Medical Supplies, and Prosthetics

Note: Blue Precision HMOSM, BlueCare DirectSM have a separate contracted provider list for Durable Medical Equipment (DME) and Orthotic and Prosthetic devices.

Note: Effective July 1, 2013, Medicare Primary members must use a Medicare Contracted Provider to ensure coverage by Medicare. If submitting the claim to the HMO for coordination of benefits and the provider is not an HMO contracted provider – stamp the claim group approved and indicate in writing “Medicare Contracted Billing.”

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