

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Breast Cancer Patient Protection Act - CA	
Effective Date 07/12/1999	Date of Last Review 02/08/2024	Date of Last Revision 01/25/2023	Dept. Approval Date 02/08/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid (Anthem) complies with all applicable state and federal laws with regards to breast cancer treatment. Coverage and treatment for a member with a diagnosis of breast cancer includes medically necessary mastectomy, lymph node dissection, complications related to a mastectomy and prosthetic devices or reconstructive surgery to restore and achieve symmetry for the member incident to a mastectomy.

The length of stay for inpatient care is left to the discretion of the attending physician and surgeon. Beginning July 1, 2010, Anthem will offer a voluntary 48-hour minimum in-hospital stay, for women recovering from mastectomy surgery.

DEFINITIONS:

Mastectomy: The removal of all or part of the breast for medically necessary reasons, as determined by a licensed physician and surgeon. Partial removal of a breast includes, but is not limited to, lumpectomy, which includes surgical removal of the tumor with clear margins.

Prosthetic Devices: As used in this policy, the definition of “prosthetic devices” means the provision of initial and subsequent devices pursuant to an order of the patient's physician and surgeon.

PROCEDURE:

- I. Physicians, institutions and non-medical health care providers notify Anthem upon the admission of a member with a diagnosis of breast cancer for a mastectomy, lymph node dissection, complications due to the mastectomy and/or prosthetic devices or reconstructive surgery to restore and achieve symmetry for the member incident to a mastectomy.
- II. The Utilization Management (UM) staff member creates a case for the inpatient stay and authorizes the requested length of stay (LOS).

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- A. If the request is for an inpatient stay due to complications of the mastectomy, a case is created, a reference number is given to the provider, and the case is routed to the continued stay review nurse to follow.
- B. If the request is for an inpatient stay for reconstructive surgery after the mastectomy, a case is created, authorized and reviewed for appropriateness of care, without dictating the number of authorized days.

REFERENCES:

- CA Health & Safety Code, sections 1367.6 & 1367.635
- CA Insurance Code, section 10123.86

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

Secondary Department(s):

Case Management (CM)

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
02/08/24	<ul style="list-style-type: none"> • Annual Review—no changes
01/25/23	<ul style="list-style-type: none"> • Annual Review • Updated Primary Department section from "Medical Management: Utilization Management (UM) & Case Management (CM)" to "Utilization Management (UM)" to match primary department in header • Added "Case Management (CM)" as a secondary department
02/03/22	<ul style="list-style-type: none"> • Annual Review, no changes
01/27/21	<ul style="list-style-type: none"> • Annual Review, no changes
01/29/20	<ul style="list-style-type: none"> • Annual Review, no changes
01/30/19	<ul style="list-style-type: none"> • Annual Review, no changes
01/30/18	<ul style="list-style-type: none"> • Annual Review, no changes
01/30/17	<ul style="list-style-type: none"> • Annual Review, no changes

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Review Date	Changes
02/17/16	<ul style="list-style-type: none"> • Annual Review, no changes
03/13/15	<ul style="list-style-type: none"> • Removed Healthy Families
03/17/14	<ul style="list-style-type: none"> • Updated the policy to comply with H&S Code 1367.6 which includes coverage for prosthetic devices in addition to reconstructive surgery to restore symmetry. • Updated company name as per a Compliance directive. • Added a DEFINITIONS section.
02/11/13	<ul style="list-style-type: none"> • Review only. No revisions at this time.
04/12/12	<ul style="list-style-type: none"> • Verified clinical practice guidelines. Verified that mastectomy guidelines no longer exist. Removed this statement from the policy, and revised the LOS sentence