

PA09 Breast Reconstruction Surgery Prior Approval Policy

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| Pathway | |
| | Breast reconstruction surgery. |
| Exclusions | |
| | <p>Patients with, or at high risk of breast cancer, do not require prior approval in the following circumstances:</p> <ol style="list-style-type: none"> 1. Reconstruction of the affected breast following a histological diagnosis of cancer. 2. A single surgical procedure on the healthy breast in order to improve/achieve symmetry, during the same episode of care, at the discretion of the consultant. 3. Reconstruction following a prophylactic mastectomy for woman at high risk of cancer. <p>Further reconstructive surgery will be assessed in line with the following criteria (A – E).</p> |
| Commissioned | |
| | <p>A. Breast Asymmetry Surgery will only be funded when ALL the following criteria apply:</p> <ol style="list-style-type: none"> 1. Body mass index in the range 18 to 25, for the last 12 months, measured and recorded by the NHS. 2. Sexual maturation has been reached. 3. Asymmetry results from breast surgery, trauma or unilateral developmental failure. 4. The different in size between breasts is at least 2 cup sizes. |
| | <p>B. Breast Reduction Surgery will be funded when ALL the following criteria apply:</p> <ol style="list-style-type: none"> 1. Body mass index in the range 18 to 25, for the last 12 months, measured and recorded by the NHS. 2. Sexual maturation has been reached; with the exception of juvenile gigantomastia. 3. The breasts are causing persistent physical symptoms such as neck or back pain, by virtue of their size and mass, which are not relieved by the wearing of a professionally fitted brassiere. 4. Following assessment, a physiotherapist has advised that these physical symptoms would be significantly improved by surgical reduction. |
| | <p>C. Breast Enlargement Surgery will be funded when BOTH the following criteria apply:</p> <ol style="list-style-type: none"> 1. Body mass index in the range 18 to 25, for the last 12 months, measured and recorded by the NHS. 2. Total failure of breast development resulting in unilateral or bilateral absence of breast tissue e.g. Poland Syndrome or Tuberous Breast Deformity |
| | <p>D. Breast Implant Removal will be funded for the following indications:</p> <ol style="list-style-type: none"> 1. Breast disease. 2. Implants complicated by recurrent infections. 3. Implants with capsule formation that is associated with severe pain. 4. Implants with capsule formation that interferes with mammography. 5. Intra or extra capsular rupture of silicone gel-filled implants. |
| | <p>E. Breast Implant Reinsertion will be funded when BOTH the following criteria apply:</p> <ol style="list-style-type: none"> 1. Woman whose breast implants are removed in strict compliance with the criteria under D. 2. The original surgery was funded by the NHS. |
| Not Funded | |

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| | <ol style="list-style-type: none"> 1. Mastopexy (breast lift). 2. Augmentation of a healthy breast by the insertion of implants. 3. Reduction of a healthy breast unless covered by the above criteria. 4. Removal of flaps of excess axillary skin following breast surgery. 5. Revision of surgery to a healthy breast at a later date. | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | |
| | <ol style="list-style-type: none"> 1. For asymmetry, the CCG commissions reduction of the largest breast and NOT augmentation of the smallest breast, unless there is total absence of breast development. 2. Photographic evidence will be arranged by the prior approval team. | | | | | | | | | | | | |
| Rationale | | | | | | | | | | | | | |
| | <p>Policy based on <i>East midlands commissioning policy for cosmetic procedures 2014 Version 2.0</i></p> | | | | | | | | | | | | |
| Cohort | | | | | | | | | | | | | |
| | <p>Females.</p> | | | | | | | | | | | | |
| Equality | | | | | | | | | | | | | |
| | <p>Compliant with the Equality Act 2010.</p> | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | |
| | <p>RED as defined in the Prior Approval Scheme Policy.</p> | | | | | | | | | | | | |
| OPCS codes | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Insertion of prosthesis for breast</td> <td>B30.1</td> </tr> <tr> <td>Revision of prosthesis for breast</td> <td>B30.2</td> </tr> <tr> <td>Removal of prosthesis for breast</td> <td>B30.3</td> </tr> <tr> <td>Renewal of prosthesis for breast</td> <td>B30.4</td> </tr> <tr> <td>Reduction mammoplasty</td> <td>B31.1</td> </tr> <tr> <td>Augmentation mammoplasty</td> <td>B31.2</td> </tr> </table> | Insertion of prosthesis for breast | B30.1 | Revision of prosthesis for breast | B30.2 | Removal of prosthesis for breast | B30.3 | Renewal of prosthesis for breast | B30.4 | Reduction mammoplasty | B31.1 | Augmentation mammoplasty | B31.2 |
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| Reduction mammoplasty | B31.1 | | | | | | | | | | | | |
| Augmentation mammoplasty | B31.2 | | | | | | | | | | | | |
| Version History | | | | | | | | | | | | | |
| | <p>No material changes from previous version.</p> | | | | | | | | | | | | |
| Authorised | | | | | | | | | | | | | |
| | <p>April 2019</p> | | | | | | | | | | | | |
| Review | | | | | | | | | | | | | |

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April 2024

Earlier if new evidence published by NICE or other authoritative body.