

Women's Health Coalition Analysis Nevada Benchmark Options for Essential Health Benefits¹

Best Coverage in Plans (in order of preference):

- 1 - Rocky Mountain Hospital and Medical Service, Inc. (Anthem BCBS) (PPO) (small group) - **PLAN C**
- 2 - Health Plan of Nevada, Inc. Health Plan of Nevada, Inc. (POS) (small group) - **PLAN A**
- 3 - Health Plan of Nevada, Inc. (HMO) (small group)
- 7 - Consumer Driven PPO High Deductible Health Plan (state employee plan)
- 10 - Health Plan of Nevada (largest state HMO) PLAN J?

Worst Coverage: Hometown Health HMO (state employee plan, Plan F)

Insurance Plan	Coverage for Imaging	Source/Notes	Coverage for Removal	Source/Notes
1. Rocky Mountain Hospital and Medical Service, Inc. (Anthem BCBS) (PPO) (small group) PLAN C	“MRI of the breast using scanners equipped with breast coils is considered medically necessary for the following diagnostic or detection indications: ... To evaluate the integrity of a breast implant when symptoms of implant rupture are present and ultrasound imaging is inconclusive; or To screen for asymptomatic rupture of a silicone breast implant beginning 3 years after implantation and every other year thereafter ... ” [as FDA recommends]	Anthem Blue Cross Blue Shield, Medical Policy, MRI of the Breast, Policy Number RAD.00036 (effective 1/11/12; last reviewed 11/17/11)	<p>“Removal of implants partially or completely filled with Silicone Gel is considered medically necessary when there is documented implant rupture (i.e., using mammography, ultrasound, or MRI).”</p> <p>“Removal of a Silicone Gel filled, Saline filled or "Alternative" implant is considered medically necessary for any of the following:</p> <ul style="list-style-type: none"> • Infection of the implant or surrounding tissue; or • Implant exposure/extrusion; or • Pain related to Baker Class IV capsular contracture; • Prior to surgical treatment of breast cancer.” 	Anthem Blue Cross Blue Shield Medical Policy, “Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures.” Policy # SURG.00023 (effective 10/12/11; last reviewed 8/18/11)

¹ This list provides information about coverage for imaging diagnosis (MRI) and removal of leaking breast implants for transgender individuals and women who obtained implants for cosmetic reasons. Removal of leaking breast implants for cancer patients is required by federal law, and so is not specified unless limited.

<p>2. Health Plan of Nevada, Inc. (POS) (small group) PLAN A</p>	<p>MRI of the breast is medically necessary in the following:</p> <ol style="list-style-type: none"> 1. To evaluate a patient with a breast implant in whom screening mammography is contraindicated or inconclusive, or 2. To identify a breast implant rupture when screening ultrasound indicates rupture in an asymptomatic patient, or 3. To identify a breast implant rupture in a symptomatic patient whose ultrasound does not indicate rupture, or 4. To diagnose local cancer recurrence in patients who have undergone mastectomy and reconstruction with implant..." 	<p>Health Plan of Nevada/Sierra Life and Health, "Breast Imaging for Screening & Diagnosing Cancer," Protocol RAD029 (effective 8/8/11)</p>	<p>"Criteria for a Coverage Determination as Reconstructive</p> <p>A. Removal of a ruptured silicone gel breast implant is reconstructive regardless of the indication for the initial implant placement.</p> <p>B. Removal of breast implants with capsulectomy/capsulotomy for symptomatic capsular contracture is considered reconstructive when the following criteria are met:</p> <ol style="list-style-type: none"> i. Baker grade III or IV capsular contracture... and either of the following ii. Moderate or severe pain as indicated by answers to pain questionnaire..., or iii. Limited movement leading to an inability to perform tasks that involve reaching or abduction. Examples include retrieving something from overhead, combing one's hair, reaching out or above to grab something to stabilize oneself. <p>C. Removal of a deflated saline breast implant</p>	<p>Health Plan of Nevada/Sierra Life and Health, "Cosmetic & Reconstructive Surgery and Definitions," Protocol SUR040 (effective 4/11/11)</p>
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			<p>shell is considered cosmetic unless the implants were done post-mastectomy...</p> <p>E. Revision of a reconstructed (CPT Code 19380) breast is considered reconstructive when the original reconstruction was done for mastectomy or other covered health service..."</p> <p>"If the original service was not a covered benefit under the contract or UnitedHealthcare guidelines, (e.g. cosmetic, investigational, not a covered health service, etc.), then benefits are limited to the treatment of the complication. ... [For] example[]: ... [r]emoval of a leaking or defective silicone breast prosthesis is a covered health service. However, benefits for replacement of the breast prosthesis are only available if the original prosthesis was considered 'reconstructive.'"</p> <p>"If the original implant or reconstructive surgery was considered reconstructive surgery under the UnitedHealthcare benefit document, coverage may exist</p>	<p>UnitedHealthcare, Coverage Determination Guidelines, Treatment of Complications Arising from a Non-Covered Medical or Surgical Intervention. Guideline Number: CDG-A-002 (effective date 11/1/11)</p> <p>UnitedHealthcare, Coverage Determination Guidelines, Breast Reconstruction Post Mastectomy. Guideline Number: CR-A-007 (effective date 11/1/11)</p>
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			for removal, replacement and/or reconstruction. Removal of a ruptured breast prosthesis is treating a ‘complication arising from a medical or surgical intervention.’ Removal or replacement of an implant that is not ruptured and unassociated with local breast complications may not be covered.”	
3. Health Plan of Nevada, Inc. (HMO) (small group)	See plan #2, above.		See plan #2, above.	
4. Blue Cross Blue Shield (Standard Option) (FEHBP) PLAN H	Silent.	2012 Blue Cross and Blue Shield Service Benefit Plan ²	Silent on issue of ruptured implants except as required by federal law for mastectomy patients	2012 Blue Cross and Blue Shield Service Benefit Plan ³
5. Blue Cross Blue Shield (Basic Option) (FEHBP) PLAN I	Silent.	2012 Blue Cross and Blue Shield Service Benefit Plan	Covered Services are the same as in the Blue Cross policy (#4), above. The co-pay amounts are different.	2012 Blue Cross and Blue Shield Service Benefit Plan
6. Government Employees Health Association (GEHA) (FEHBP) PLAN G	Silent.	2012 Government Employees Health Association, Inc. Benefit Plan	Silent on issue of ruptured implants except as required by federal law for mastectomy patients	2012 Government Employees Health Association, Inc. Benefit Plan

² Available via: <http://www.opm.gov/insure/health/planinfo/2012/brochures/71-005.pdf>.

³ See footnote 10.

7. Consumer Driven PPO High Deductible Health Plan (state employee plan) PLAN D	Silent.	State of Nevada Public Employees' Benefits Program, Master Plan Document for the PEBF Self Funded Consumer Driven High Deductible PPO Plan, Summary of Benefits, Plan Year 2012	“Treatment of leaking breast implant is covered; however, replacements of the implants are payable only if the reason for the implant(s) was due to a condition covered by the Women’s Health and Cancer Rights Act.”	State of Nevada Public Employees' Benefits Program, Master Plan Document for the PEBF Self Funded Consumer Driven High Deductible PPO Plan, Summary of Benefits, Plan Year 2012
8. Hometown Health HMO (state employee plan) PLAN F	Silent.	Hometown Health Plan, Inc., State of Nevada HMO	<p>“cosmetic surgery or medical procedures <u>exclusions</u> include: ...Cosmetic treatment or service related complications, insertion, removal or revision of breast implants (<u>including complications</u>) unless provided post mastectomy...”</p> <p>Coverage to remove ruptured implants is only provided as required by federal law for Mastectomy patients.</p> <p>However: b. “No benefits will be paid for reconstructive surgery or any complications resulting from reconstructive surgery more than 3 years after the mastectomy if the patient is no longer a member of this plan.”</p>	Hometown Health Plan, Inc., State of Nevada HMO

9. Health Plan of Nevada HMO (state employee plan) PLAN E ?	Silent. But, see also plan #2, above. (Unclear if breast imaging protocol may apply to this state employee plan.)	Plan Benefit Information, State of Nevada, 7/1/11	Silent except for coverage required by federal law for mastectomy patients.	Plan Benefit Information, State of Nevada, 7/1/11
10. Health Plan of Nevada (largest state HMO) PLAN J?	See plan #2, above.		See plan #2, above.	