



EFFECTIVE DATE: 05|16|2017
POLICY LAST UPDATED: 02|06|2018

OVERVIEW

This policy is to document insurance coverage for mastectomy hospital stays that are covered under the Rhode Island state mandate. Other services noted in the mandate are covered in the related policies listed below.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

The following length of stay post mastectomy is covered under Rhode Island General Law:

- Coverage for a minimum of forty-eight (48) hour time period in a hospital after a mastectomy
- Coverage for a minimum of twenty-four (24) hours after an axillary node dissection

If the patient participates in an early discharge, defined as:

- In-patient care following a mastectomy that is less than forty-eight (48) hours; and
- In-patient care following an axillary node dissection that is less than twenty-four (24) hours

Coverage shall include a minimum of one home visit conducted by a physician or registered nurse.

COVERAGE

BlueCHiP for Medicare and Commercial Products

Benefits may vary between groups/contracts. Please refer to individual's Subscriber Agreement for applicable surgery benefits/coverage.

BACKGROUND

Insurance coverage for mastectomy hospital stays is a Rhode Island state mandate, with mandated coverage for hospital stays following mastectomy for all health plans that provide medical and surgical benefits.

Rhode Island General Law

RIGL: § 27-41-43.1 Insurance coverage for mastectomy hospital stays.

(a) The Rhode Island general assembly recognizes that breast cancer is a unique illness with both a physical and emotional impact on patients. Every individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state shall provide coverage for a minimum forty-eight (48) hour time period in a hospital after the surgical procedures known as a mastectomy, and a minimum twenty-four (24) hours after an axillary node dissection. Any decision to shorten this minimum coverage shall be made by the attending physician in consultation with and upon agreement by the patient. If the patient participates in an early discharge, defined as in-patient care following a mastectomy that is less than forty-eight (48) hours and in-

patient care following an axillary node dissection that is less than twenty-four (24) hours, coverage shall include a minimum of one home visit conducted by a physician or registered nurse.

(b) Any subscriber who is aggrieved by a denial of benefits to be provided under this section may appeal the denial in accordance with regulations of the department of health, which have been promulgated pursuant to chapter 17.12 of title 23. No policy or plan covered under this chapter shall terminate the services, reduce capitation payment, or penalize an attending physician or other health care provider who orders care consistent with the provisions of this section.

(c) Notice. All plans subject to this section shall provide notice to each enrollee:

- (1) In the next mass mailing made by the plan to the employee; or*
- (2) As part of any informational packet sent to the enrollee.*

CODING

BlueCHiP for Medicare and Commercial Products

Not applicable

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

Lymphedema Pumps

Combined Decongestive Therapy

Breast Prosthesis and Mastectomy Bras

Breast Implant Removal

Breast Reconstruction Mandate

Prophylactic Mastectomy

PUBLISHED

Provider Update, March 2018

Provider Update, July 2017

REFERENCES

RIGL 27-41-43.1 Insurance coverage for mastectomy hospital stays

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