

MEDICARE PART A BULLETIN

March 12 , 1997

General Medicare Bulletin G-277

TO: All Medicare Providers

FROM: Andy DePirro, Director, Program Relations

SUBJECT: **CLARIFICATION OF HCFA'S MASTECTOMY CARE POLICY**

ATTENTION MEDICARE BUSINESS OFFICE: Please distribute to all appropriate health care facility personnel.

On February 12, 1997, the Health Care Financing Administration (HCFA) issued a policy clarification concerning "*Medicare Managed Care Plans' Benefits and Coverage of Certain Surgical Interventions for Treatment of Breast Cancer.*" (Medicare Managed Care Operational Policy Letter #49).

Subsequently, HCFA has instructed all Medicare contractors (Part B carriers and Part A fiscal intermediaries) to convey a similar message to providers and practitioners furnishing services on a fee-for-service basis in the Medicare program. Therefore, attached is HCFA's message to providers and practitioners, exactly as provided.

Language for ... Intermediary and Carrier Newsletters

Considerable attention has been focused recently on treatments for breast cancer. In particular, concerns have been expressed that efforts at cost containment may be resulting in women being required to receive surgical procedures on an outpatient basis in circumstances when such treatment is inappropriate. Concerns have also been expressed about premature discharges for inpatient procedures.

We have reviewed the available medical literature and concluded that caution is warranted in performing mastectomies or lymph node dissections. For many Medicare beneficiaries, advanced age, increased risk of post-surgical complications, presence of significant comorbidity, impaired functional status, and lack of social support may put them at increased risk if this surgery is performed in an outpatient setting or with insufficient hospital length of stay. The more extensive the surgical intervention (e.g., radical mastectomy), the more likely the patient is to be at increased risk from the procedure in the outpatient setting or from shortened length of stays. Given the current available evidence, it is not acceptable practice for providers or physicians to apply policies indiscriminately to all Medicare beneficiaries mandating surgical interventions for treatment of breast cancer in an outpatient setting or establishing a maximum length of an inpatient stay.

HCFA is neither requiring that all procedures be performed on an inpatient basis, nor establishing a minimum length of stay. In certain circumstances, with carefully selected patients, an outpatient setting or limited hospital stay may be appropriate. However, these practices may only be used when they have been determined to be appropriate by the patient and the patient's physician, after assessment of the individual circumstances.