



Physician/Provider Bulletin

Subject: Breast Surgery	
Plan: Coordinator Care	Bulletin Date: April 1, 2012
Bulletin Number: 02-12	Effective Date: May 1, 2012

The purpose of this bulletin is to inform all participating providers that updates have been made to services needing prior authorization request.

Effective May 1, 2012, the following Breast Surgery procedures will require prior authorization:

- **All Mastectomy procedures**
- **All Repair and /or Reconstruction**
- **Unlisted procedures are not considered for reimbursement.**

To request an authorization, please fax the authorization request form to 561-835-8606.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.