

MEDICAL POLICY STATEMENT  
Ohio

Policy Type
MEDICAL

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.



E. Conditions of Coverage  
NA

F. Related Policies/Rules  
Breast Reconstruction Surgery

G. Review/Revision History

DATE

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.