

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Breast Reconstruction Surgery
Policy Number	10.01.01
Category	Contract Clarification
Original Effective Date	10/18/01
Committee Approval Date	10/18/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16, 08/25/17
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Archive Review Date	08/23/18, 08/22/19, 8/27/20, 08/19/21, 08/18/22, 08/17/23
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, reconstructive breast surgery after surgical mastectomy, including partial mastectomy (e.g., lumpectomy, segmentectomy, quadrantectomy) for benign or malignant disease, is considered **medically appropriate**, and may include the following services:

- I. All stages of reconstruction, including, but not limited to:
 - A. Breast implants;
 - B. Abdominal flap reconstruction;
 - C. Chest wall reconstruction;
 - D. Nipple/areola reconstruction and tattooing; and
 - E. Surgery for symmetry of the contralateral (opposite) breast;
- II. Basic breast prosthetic(s) and mastectomy bras; and
- III. Treatment of physical complications of mastectomy, including lymphedema.

This policy only refers to breast reconstruction services.

Refer to Corporate Medical Policy #7.01.39 Reduction Mammoplasty (Mammoplasty)

Refer to Corporate Medical Policy #1.01.17 Pneumatic Compression Devices/Lymphedema Pumps

Refer to Corporate Medical Policy #7.01.11 Cosmetic and Reconstructive Procedures

Refer to Corporate Medical Policy #7.01.35 Bioengineered Tissue Products for Wound Treatment and Surgical Interventions

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DESCRIPTION

Reconstructive breast surgery is defined as a surgical procedure that is designed to restore the normal appearance of the breast after surgery, accidental injury, or trauma. The nature and extent of the reconstructive breast surgery depends upon the initial surgery or treatment that a woman receives to remove all or a portion of a breast.

The reconstructive surgery may be performed in a single stage or several stages/phases and either during or after a surgical procedure to remove breast tissue. Reconstruction may include, but is not limited to:

- I. Insertion of saline or silicone filled prosthetic implants;
- II. Extensive flap reconstruction (e.g., deep inferior epigastric perforator [DIEP] flap, gluteal artery perforator [GAP] flap, latissimus dorsi flap, superficial inferior epigastric artery [SIEA] flap, transverse rectus abdominis myocutaneous [TRAM] flap);
- III. Chest wall reconstruction;
- IV. Nipple/areola reconstruction and tattooing; and/or
- V. Surgery for symmetry of the contralateral (opposite) breast.

The federal Women's Health and Cancer Rights Act (WHCRA) of 1998, as well as the New York Insurance Law, mandate coverage of all stages of reconstructive surgery (including surgery and reconstruction of other breast to produce symmetrical appearance, chest wall reconstruction, prosthesis, and treatment of physical complications following mastectomy) for all group health plans, whether insured or self-funded, that provide medical and surgical benefits, including for mastectomies. Federal law does not require a diagnosis of breast cancer – preventive mastectomies are also covered. The United States Departments of Labor and Health and Human Services oversee this law.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).*

CPT Codes

Code	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	6.1 to 20.0 sq cm, or part thereof
11922	each additional 20.0 sq cm, or part thereof
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate
15772	each additional 50cc injectate or part thereof
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (i.e., immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction with latissimus dorsi flap
19364	Breast reconstruction with free flap (e.g. fTRAM, DIEP, SIEA, GAP flap)
19367	Breast reconstruction; with single pedicled transverse rectus abdominis myocutaneous (TRAM) flap, including closure of donor site
19368	requiring separate microvascular anastomosis (supercharging)

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Code	Description
19369	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of peri-implant capsule, breast, including capsulotomy capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (e.g. significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction
19396	Preparation of moulage for custom breast implant
21601	Excision of chest wall tumor including rib(s) <i>(effective 01/01/20)</i>
21602	Excision of chest wall tumor including rib(s) with plastic reconstruction, without mediastinal lymphadenectomy <i>(effective 01/01/20)</i>
21603	Excision of chest wall tumor including rib(s) with plastic reconstruction, with mediastinal lymphadenectomy <i>(effective 01/01/20)</i>
21740	Reconstructive repair of pectus excavatum or carinatum; open <i>(effective 01/01/03)</i>
21742	Reconstructive repair of pectus excavatum or carinatum minimally invasive approach (Nuss procedure), without thoracoscopy <i>(effective 01/01/03)</i>
21743	Reconstructive repair of pectus excavatum or carinatum minimally invasive approach (Nuss procedure), with thoracoscopy <i>(effective 01/01/03)</i>

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HCPCS Codes

Code	Description
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8600	Implantable breast prosthesis, silicone or equal
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with “stacked” deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
S2068	Breast reconstruction w/ deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site, and shaping the flap into a breast, unilateral

ICD10 Codes

Code	Description
C50.011-C50.019	Malignant neoplasm of nipple and areola (code range)
C50.111-C50.119	Malignant neoplasm of central portion of female breast (code range)
C50.211-C50.219	Malignant neoplasm of upper-inner quadrant of female breast (code range)
C50.311-C50.319	Malignant neoplasm of lower-inner quadrant of female breast (code range)
C50.411-C50.419	Malignant neoplasm of upper-outer quadrant of female breast (code range)
C50.511-C50.519	Malignant neoplasm of lower-outer quadrant of female breast (code range)

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Code	Description
C50.611-C50.619	Malignant neoplasm of axillary tail of female breast (code range)
C50.811-C50.819	Malignant neoplasm of overlapping sites of female breast (code range)
C50.911-C50.919	Malignant neoplasm of unspecified site of female breast (code range)
C79.81	Secondary malignant neoplasm of breast
C84.7A	Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) (<i>effective 10/1/21</i>)
D05.00-D05.92	Carcinoma in situ of breast (code range)
D24.1-D24.9	Benign neoplasm of breast (code range)
D49.3	Neoplasm of unspecified behavior of breast
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z42.1	Encounter for breast reconstruction following mastectomy
Z80.3	Family history of malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm of breast
Z90.10-Z90.13	Acquired absence of breast and nipple (code range)

REFERENCES

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*Key Article

KEY WORDS

Breast reconstruction.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) (140.2) for Breast Reconstruction following Mastectomy. Please refer to the following websites for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncddetails.aspx?NCDId=64&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York++Upstate&KeyWord=breast+reconstruction&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAA&>.