### Medical Policy

**Subject: Breast Reconstruction Surgery**

**Policy Number:** 10.01.01  
**Category:** Government Mandate  
**Effective Date:** 10/18/01  
**Revised Dates:** 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, 09/15/15, 09/21/17

- If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.
- Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.
- Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.

**Policy Statement:**

Based upon our criteria and review 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 **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. Nipple/areola reconstruction and tattooing; and
   D. 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. For services regarding reduction mammoplasty please refer to Corporate Medical Policy #7.01.39, Reduction Mammoplasty.

Refer to Corporate Medical Policy #1.01.17 regarding Pneumatic Compression Devices/Lymphedema Pumps.  
Refer to Corporate Medical Policy #7.01.11 regarding Cosmetic and Reconstructive Procedures.  
Refer to Corporate Medical Policy #7.01.19 regarding Management of Breast Implants.  
Refer to Corporate Medical Policy #7.01.35 regarding Bioengineered Tissue Products for Wound Treatment and Surgical Interventions.

**Description:**

Reconstructive breast surgery is defined as surgical procedures that are designed to restore the normal appearance of the breast after surgery, accidental injury, or trauma and may be based on the treatment a woman receives or the extent of surgery performed.

The reconstructive surgery may be performed in a single stage or several stages/ phases and either during or after the surgical procedure. 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 abdominus myocutaneous [TRAM] flap);
III. Nipple/areola reconstruction and tattooing; and/or
IV. Surgery for symmetry of the contralateral (opposite) breast.

The Women’s Health and Cancer Rights Act of 1998, a federal regulation, mandated coverage of reconstructive surgery following mastectomy for all group health plans that provide medical and surgical benefits. A diagnosis of breast cancer is not required – preventive mastectomies are also covered under this mandate.
New York State Insurance Law mandates coverage under all contracts that provide medical, major medical, or similar comprehensive-type coverage for:
I. All stages of breast reconstruction of the breast on which the mastectomy or partial mastectomy, has been performed; and
II. Surgery and reconstruction of the other breast to produce a symmetrical appearance.

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.

CPT:

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
19324 Mammaplasty, augmentation; without prosthetic implant
19325 with prosthetic implant
19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350 Nipple/areola reconstruction
19357 Breast reconstruction, immediate or delayed with tissue expander, including subsequent expansion
19361 Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364 Breast reconstruction with free flap
19366 Breast reconstruction with other technique
19367 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368 with microvascular anastomosis (supercharging)
19369 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370 Open periprosthetic capsulotomy, breast
19371 Periprosthetic capsulectomy, breast
19380 Revision of reconstructed breast
19396 Preparation of moulage for custom breast implant

HCPCS:

L8600 Implantable breast prosthesis, silicone or equal

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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

ICD9:  174.0-174.9  Malignant neoplasm of female breast (code range)

233.0  Carcinoma in situ of breast

V10.3  Personal history of malignant neoplasm of breast

V16.3  Family history of malignant neoplasm of breast

V51.0  Encounter for breast reconstruction following mastectomy

ICD10:  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)

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)

D05.00-D05.92  Carcinoma in situ of breast (code range)

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

REFERENCES:


Proprietary Information of YourCare Health Plan

New York State Insurance Law § 4303 (x) (1).


*key articles

KEY WORDS:
Breast reconstruction.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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