

Medical Policy Manual

Topic: Reconstructive Breast Surgery/Mastopexy, and Management of Breast Implants

Date of Origin: January 1996

Section: Surgery

Last Reviewed Date: September 2013

Policy No: 40

Effective Date: December 1, 2013

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Reconstructive breast surgery is defined as those surgical procedures which are intended to restore the normal appearance of the breast after surgery, accidental injury, or trauma. The most common indication for reconstructive breast surgery is mastectomy. In contrast, cosmetic breast surgery is defined as surgery intended to alter or enhance the appearance of a breast which does not have a significantly altered appearance due to surgery, accidental injury, or trauma. Reduction mammoplasty and surgery to alter the appearance of a congenital breast abnormality are examples of breast surgeries which may be cosmetic. (See Surgery Policy No. 60, Reduction Mammoplasty and Surgery Policy No. 12, Cosmetic and Reconstructive Surgery). The most common type of reconstructive breast surgery is insertion of a silicone gel-filled or saline-filled breast implant, either inserted immediately at the time of mastectomy - or sometime afterward in conjunction with the previous use of a tissue expander. Significant local complications of breast implants, such as contracture, may require removal of the implant. Other types of reconstruction include nipple/areola reconstruction, nipple tattooing, and/or the use of autologous tissue, such as a transverse rectus abdominis myocutaneous flap (TRAM procedure) or a latissimus dorsi flap. In addition, mastopexy, reduction mammoplasty, or implant on the contralateral breast may be performed in order to achieve symmetry with the reconstructed breast.

MEDICAL POLICY CRITERIA

I. Reconstructive Breast Surgery after mastectomy or injury

Reconstructive breast surgery of a diseased or injured breast may be considered **medically necessary** when either of the following criteria is met and the treating physician recommends it:

- A. After prophylactic or therapeutic mastectomy
- B. After accidental injury or trauma to the breast

II. Reconstructive Breast Surgery to Achieve Symmetry

Reconstructive breast surgery of an unaffected breast to achieve symmetry with the contralateral breast which has been reconstructed following mastectomy for disease, injury, or trauma may be considered **medically necessary** when it is recommended by the treating physician.

III. Explantation of Breast Implants

- A. Explantation of a breast implant(s) is considered **medically necessary**, when the implant(s) was/were placed after mastectomy, accidental injury, or trauma.
- B. Application of the above policy regarding explantation of implants requires documentation of the original indication for implantation.

Notes:

1. Contractual limitations and exclusions may apply to both reconstructive and cosmetic procedures, to illnesses and conditions initially occurring prior to coverage, and to complications of non-covered procedures.
2. For the purposes of this policy, mastectomy is defined as complete or partial, including lumpectomy.

POSITION STATEMENT^[1]

This policy is written to assist in interpreting Public Law 105-277, the Women's Health and Cancer Rights Act of 1998 which requires all health insurance carriers that cover mastectomies to also cover the following in a manner determined in consultation with the attending physician and patient:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the contralateral breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of mastectomy, including lymphedema

REFERENCES

1. Your Rights After A Mastectomy...Women's Health & Cancer Rights Act of 1998. [cited 06/17/2013]; Available from: <http://www.dol.gov/ebsa/Publications/whcra.html>

CROSS REFERENCES

[Cosmetic and Reconstructive Surgery](#), Surgery, Policy No. 12

[Reduction Mammoplasty](#), Surgery, Policy No. 60

[Autologous Fat Grafting to the Breast and Adipose-derived Stem Cells](#), Surgery, Policy No. 182

CODES	NUMBER	DESCRIPTION
CPT	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq. cm or less
	11970	Replacement of tissue expander with permanent prosthesis
	11971	Removal of tissue expander(s) without insertion of prosthesis
	19316	Mastopexy
	19318	Reduction mammoplasty
	19324	Mammoplasty, augmentation; without prosthetic implant
	19325	Mammoplasty, augmentation; with prosthetic implant
	19328	Removal of intact mammary implant
	19330	Removal of mammary implant material
	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
	19355	Correction of inverted nipples
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion

CODES	NUMBER	DESCRIPTION
	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 capsulotomy, breast
	19380	Revision of reconstructed breast
	19396	Preparation of moulage for custom breast implant
HCPCS	L8039	Breast prosthesis, not otherwise specified
	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 with 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