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 #7.01.35 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 (WHCRA) of 1998, a federal regulation, mandated coverage of all stages of reconstructive surgery (including surgery and reconstruction of other breast to produce symmetrical appearance and prosthesis and treatment of complications following mastectomy) for all group health plans that provide medical and surgical benefits. This federal law requires most group insurance plans that cover mastectomies to also cover breast
reconstruction. A diagnosis of breast cancer is not required – preventive mastectomies are also covered under this mandate. The United States Departments of Labor and Health and Human Services oversee this law.

New York State Insurance Laws § 3216, § 3221, and § 4303, mandate 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: Number Description

*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 abdominus 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

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HCPCS:

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

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)

C79.81  Secondary malignant neoplasm of breast

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

D24.1-D24.9  Benign neoplasm of breast (code range)
### SUBJECT: BREAST RECONSTRUCTION SURGERY

**POLICY NUMBER:** 10.01.01  
**CATEGORY:** Government Mandate  
**EFFECTIVE DATE:** 07/02/99  
**REVISED DATE:** 02/28/01, 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, 06/24/16, 06/28/12, 08/27/15, 08/25/16  
**ARCHIVED DATE:** 08/25/17  
**PAGE:** 4 OF 5

- D49.3  Neoplasm of unspecified behavior of breast
- 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:


- New York State Insurance Laws § 3216, § 3221, and § 4303 (x) (1).


*key articles
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=gAAAABAAAAAA.