



Breast Reconstruction Post Mastectomy or Partial Mastectomy

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P&P # C.5.03

Policy

The Medical Management Department reviews referral requests for authorization of breast reconstruction post mastectomy.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order to facilitate the authorization process referral requests must include the following:

1. Documentation of the mastectomy/partial mastectomy.
2. Documentation of the breast reconstruction post-mastectomy or post-partial mastectomy to be done.
3. Documentation of any previous breast reconstruction.
4. Documentation of the breast reconstruction complication requiring repeat breast reconstruction (if applicable).

B. Criteria for Medical Necessity:

1. Breast reconstruction following mastectomy/partial mastectomy is medically necessary **for the affected breast** if **EITHER** of the following criteria (a-b) are met:
 - a. Surgery is an initial reconstruction following mastectomy/partial mastectomy; **OR**
 - b. Surgery is intended to treat a physical complication of the initial reconstruction
2. Breast reconstruction following mastectomy/partial mastectomy is medically necessary **for the contralateral breast** if **ALL** of the following criteria (a-b) are met:
 - a. Reconstruction is intended to correct significant asymmetry **AND**
 - b. Surgery is part of the initial reconstruction or intended to treat a physical complication of the initial reconstruction

NOTE:

- If a breast implant was part of a covered initial reconstructive surgery then, removal, replacement and/or reconstruction for medical reasons such as implant rupture will be covered.
- Liposuction is covered when performed as part of a mastectomy and reconstruction procedure covered by the mandate for breast cancer treatment.

C. Indications Considered Experimental, Investigational or not Medically Necessary

1. After initial reconstruction is successfully completed, further modification relating to achieving symmetry is not considered medically necessary.
2. Breast enlargement after healing of initial reconstruction is considered cosmetic and not considered medically necessary.
3. Breast reconstruction or scar revision after a breast biopsy or removal of a cyst with or without a biopsy typically does not meet medical necessity criteria.

HCPCS/CPT Codes:

Mastectomy

19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); WITH AXILLARY LYMPHADENECTOMY
19303	MASTECTOMY, SIMPLE, COMPLETE
19304	MASTECTOMY, SUBCUTANEOUS
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN TYPE OPERATION)
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE

Breast surgery – reduction mammoplasty; only for contralateral breast

19318	REDUCTION MAMMOPLASTY
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Breast augmentation and mammoplasty for asymmetry

19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT
19325	MAMMOPLASTY, AUGMENTATION, WITH PROSTHETIC IMPLANT

Breast surgery – reconstruction following mastectomy

11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS
19316	MASTOPEXY
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 TECHNIQUES

19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE; WITH MICROVASCULAR ANASTOMOSIS
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE; WITH MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), DOUBLE PEDICLE
19380	REVISION OF RECONSTRUCTED BREAST
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST

Tattooing

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

Breast Prosthesis

L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL
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REFERENCES:

US Department of Labor, Employee Benefits Security Administration, "Your Rights after a Mastectomy" – Publication September 2018. Available at: <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy.pdf> Accessed June 14, 2019.

American Cancer Society. Women's Health and Cancer Rights Act. The Federal Law. Available at: <https://www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-health-insurance/health-insurance-laws/womens-health-and-cancer-rights-act.html> Last reviewed May 20, 2016. Accessed June 14, 2019.