Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP064

Section: Medical Benefit Policy

Subject: Breast Reconstruction Surgery

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Breast Reconstruction Surgery

II. Purpose/Objective:

To provide a policy of coverage regarding Breast Reconstruction Surgery

III. Responsibility:

A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:
Reconstructive breast surgery in men or women may be performed in connection with a mastectomy, lumpectomy, or breast trauma causing disfigurement to re-establish symmetry between the two breasts. The procedure includes reconstruction of the mastectomy site, creation of a new breast and creation of a new nipple/areolar complex. This may also include surgery and reconstruction of the unaffected breast to produce a symmetrical appearance. Breast reconstructive surgery following mastectomy may be performed at the time of the mastectomy or any time post-operatively.

DEFINED BENEFIT: Coverage for post trauma and/or post-mastectomy breast reconstruction surgery shall be in accordance with any and all state and/or Federal mandates, including The Women's Health and Cancer Rights Act, which currently includes:

- Reconstructive breast surgery, in all stages, on the diseased breast as a result of mastectomy or lumpectomy, or as a result of traumatic injury resulting in significant deformity. Covered procedures include mastopexy, insertion of breast prostheses, the use of tissue expanders, or reconstruction with a latissimus dorsi myocutaneous flap, transverse rectus abdominis myocutaneous (TRAM) flap, superficial inferior epigastric perforator (SIEP) flap, superficial inferior epigastric artery (SIEA) flap, deep inferior epigastric perforator (DIEP) flap, or similar procedure, Ruben's flap, superior or inferior gluteal free flap, transverse upper gracilis (TUG) flap, superior gluteal artery perforator (SGAP) flap, profunda artery perforator flap, or similar procedures, including skin sparing techniques, associated nipple and areolar reconstruction and tattooing of the nipple area.
- Acellular dermal matrix products (such as but not limited to AlloDerm, Cortiva, DermaMatrix, FlexHD, AlloMax, DermACELL Strattice, SurgiMend and SeriSurgical Scaffold) are covered for post mastectomy breast reconstruction
- Surgery on the non-diseased breast (reduction or augmentation) to establish symmetry between the two breasts.
- Prosthesis (either implanted or external) and treatment of physical complications at all stages of the mastectomy including lymphedema
    - Removal and replacement of a ruptured breast implant (either silicone or saline) is reconstructive for implants inserted following mastectomy.
- Lymphedema treatments considered medically necessary include:
    - Complex Decongestive Physiotherapy
    - Lymphedema pumps
    - Compression lymphedema sleeves (not applicable to Medicare beneficiaries)
- Reconstructive breast surgery in members with congenital absence or significant deformity secondary to Poland syndrome
- Autologous fat harvesting and grafting as a replacement for implants in reconstructive surgery is considered medically necessary.

Benefits for post mastectomy reconstruction following a prophylactic mastectomy in the absence of active disease, but which is considered medically necessary based on projected risk assessment (e.g. BRCA testing, etc.) will be eligible to the extent described in this policy.

LIMITATIONS:
Areola and/or nipple tattooing is covered when provided by a licensed medical provider, operating within their scope of practice.

Nipple tattooing may be repeated once, after the initial procedure.

EXCLUSIONS:
Breast reconstruction for cosmetic reasons unrelated to trauma or mastectomy/lumpectomy is **NOT COVERED**.

Medicaid Business Segment:
Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH RECONSTRUCTIVE BREAST SURGERY:

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

11920 Tattooing, intradermal introduction of opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq. cm or less
11921 ; 6.1 to 20 sq cm
11922 ; each additional 20 sq cm
11970 Replacement of tissue expander with permanent prosthesis
11971 Removal of tissue expander without insertion of prosthesis
15769 Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15771 GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE
15772 GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15877 Suction assisted lipectomy; trunk (when specified as a breast reconstruction procedure following breast surgery)
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
19316 Mastopexy
19318 Reduction mammoplasty
19324 Mammoplasty, augmentation; without prosthetic implant
19325 Mammoplasty, augmentation; 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
19355 Correction of inverted nipples
19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361 Breast reconstruction with latissimus dorsi flap, with or 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 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, including closure of donor site
19370 Open periprosthetic capsulotomy, breast
19371 Periprosthetic capsulectomy, breast
19380 Revision of reconstructed breast
L8015 External breast prosthesis garment, with mastectomy form, post mastectomy
L8030 Breast prosthesis, silicone or equal
L8032 nipple prosthesis, reusable, any type, each
`L8033 NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH
L8035 Custom breast prosthesis, post mastectomy, molded to patient model
L8039 Breast prosthesis, not otherwise specified
L8600 Implantable breast prosthesis silicone or equal

S2066 Breast Reconstruction with gluteal artery perforator (GAP) flap, inclusing harvesting of the flap, micorvascular 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/dep inferior epigastric perforator (DIEP) flap, including microvascular anastomosis and closure of donor site, unilateral.
15876 Lipectomy
C1789 Prosthesis, breast (implantable)
C9358 Dermal substitute, native, non-hyphen denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters
C9360 Dermal substitute, native, non-hyphen denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters
Q4116 Alloderm, per square centimeter
Q4122 DermACELL, per sq cm
Q4128 Flex HD, Allopatch HD, or Matrix HD, per square centimeter
Q4130 Strattice TM, per sq cm

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. **For PA Medicaid Business segment, this policy applies as written.**

REFERENCES:
Health Care Financing Administration. Women's Health and Cancer Rights Act Statutory Text. http://www.hcfa.gov/medicaid/hippa/source/hiwhang.asp

The General Assembly of Pennsylvania, Senate Bill 1417.

Chang DW. Kroll SS. Dackiw A. Singletary SE. Robb GL."Reconstructive management of contralateral breast cancer in patients who previously underwent unilateral breast reconstruction". *Plastic & Reconstructive Surgery*. 108(2):352-8;discussion 359-60, 2001 Aug.

Polednak AP. "How frequent is postmastectomy breast reconstructive surgery? A study linking two statewide Databases". *Plastic & Reconstructive Surgery*. 108(1):73-7, 2001 Jul.

Carlson GW. Losken A. Moore B. Thornton J. Elliott M. Bolitho G. Denson DD. "Results of immediate breast reconstruction after skin-sparing mastectomy". *Annals of Plastic Surgery*. 46(3):222-8, 2001 Mar.

Contant CM. van Wersch AM. Wiggers T. Wai RT. van Geel AN. "Motivations, satisfaction, and information of immediate breast reconstruction following mastectomy". *Patient Education & Counseling*. 40(3):201-8, 2000 Jun.

Rivadeneira DE. Simmons RM. Fish SK. Gayle L. La Trenta GS. Swistel A. Osborne MP. "Skin-sparing mastectomy with immediate breast reconstruction: a critical analysis of local recurrence". *Cancer Journal*. 6(5):331-5, 2000 Sep-Oct.

Rowland JH. Desmond KA. Meyerowitz BE. Belin TR. Wyatt GE. Ganz PA. "Role of breast reconstructive surgery in physical and emotional outcomes among breast cancer survivors". *Journal of the National Cancer Institute*. 92(17):1422-9, 2000 Sep 6.

Malata CM. McIntosh SA. Purushotham AD. "Immediate breast reconstruction after mastectomy for cancer". *British Journal of Surgery*. 87(11):1455-72, 2000 Nov.

Yeh KA. Lyle G. Wei JP. Sherry R. "Immediate breast reconstruction in breast cancer: morbidity and outcome". *American Surgeon*. 64(12):1195-9, 1998 Dec.

Weiss PR. "Breast reconstruction after mastectomy". *American Journal of Managed Care*. 3(6):932-7; 1997 Jun.

Women's Health and Cancer Rights Act of 1998

Rocco N, Rispoli C, Moja L, et al. Different types of implants for reconstructive breast surgery. Cochrane Database Syst Rev. 2016;(5):CD010895

Winocour S, Saksena A, Oh C, et al. A systematic review of comparison of autologous, allogeneic, and synthetic augmentation grafts in nipple reconstruction. Plast Reconstr Surg. 2016;137(1):14e-23e

Zhang P, Li CZ, Wu CT, et al. Comparison of immediate breast reconstruction after mastectomy and mastectomy alone for breast cancer: a meta-analysis. Eur J Surg Oncol. July 27, 2016.

Lee KT, Mun GH. Comparison of one-stage vs two-stage prosthesis-based breast reconstruction: a systematic review and meta-analysis. Am J Surg. 2016;212(2):336-344.

Bennett KG, Qi J, Kim HM, Hamill JB, et al. Association of fat grafting with patient-reported outcomes in postmastectomy breast reconstruction. JAMA Surg. 2017;152(10):944-950

Winocour S, Saksena A, Oh C, et al. A systematic review of comparison of autologous, allogeneic, and synthetic augmentation grafts in nipple reconstruction. Plast Reconstr Surg. 2016;137(1):14e-23e

Lee BT, Agarwal JP, Ascherman JA, et al. Evidence-based clinical practice guideline: Autologous breast reconstruction with DIEP or pedicled TRAM abdominal flaps. Plast Reconstr Surg. 2017;140(5):651e-664e

Ball JF, Sheena Y, Tarek Saleh DM, et al. A direct comparison of porcine (Strattice) and bovine (Surgimend) acellular dermal matrices in implant-based immediate breast reconstruction. J Plast Reconstr Aesthet Surg. 2017;70(8):1076-1082

Mazari FAK, Wattoo GM, Kazzazi NH, et al. The comparison of Strattice and SurgiMend in acellular dermal matrix-assisted, implant-based immediate breast reconstruction. Plast Reconstr Surg. 2018;141(2):283-293.

National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2)

National Comprehensive Cancer Network (NCCN). Invasive Breast Cancer. Principles of breast reconstruction following surgery.v4.2023

Abbas F, Klomparens K, Simman R. Functional and psychosocial outcomes following innervated breast reconstruction: A systematic review. Plast Reconstr Surg Glob Open. 2022;10(9):e4559

Chou J, Hyland CJ, Goldberg TK, Broyles JM. Is nerve coaptation associated with improved sensation after microvascular breast reconstruction? A systematic review. Microsurgery. 2022 Oct 22

Harish V, Haffner ZK, Bekeny JC, et al. Preserving nipple sensitivity after breast cancer surgery: A systematic review and meta-analysis. Breast J. 2022;2022:9654741.

Shiah E, Laikhter E, Comer CD, et al. Neurotization in innervated breast reconstruction: A systematic review of techniques and outcomes. J Plast Reconstr Aesthet Surg. 2022;75(9):2890-2913.

This policy will be revised as necessary and reviewed no less than annually

Devised: 2/03

Revised: 03/04 (definition, coding) 3/05, 3/06, 3/07 (Women's Act Revision); 3/08, 1/13, 1/16 (added Limitations section); 1/17 (clarify indications); 12/17 (add covered procedures); 12/18 (add autologous fat grafting); 12/19 (add SurgiMend); 12/22 (revise title, add clarification regarding trauma); 12/23 (verbiage clarification)

Reviewed: 3/09, 3/10, 3/11, 3/12, 1/14, 1/15, 12/20, 12/21

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies