

BREAST RECONSTRUCTION

Policy # 44

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Review Date:

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Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Breast reconstruction is a surgical procedure designed to recreate a breast mound following a mastectomy performed to treat breast cancer or other disease, or a mastectomy performed for prophylactic purposes. Women who have had a lumpectomy usually do not need reconstruction unless there is a significant deformity due to treatment.

Breast reconstruction can be accomplished by using prosthesis (implant) or the patient's own tissue that has been moved from its native site and transferred to the breast area recipient site. In some cases, a combination of both may be used. The reconstructed breast is sized and contoured to provide symmetry or match the other breast. Occasionally, both breasts may require surgical contouring (coded separately).

These procedures can be done at the same time as the mastectomy (i.e., immediate reconstruction) or a later time (i.e., delayed reconstruction). The benefits of an immediate reconstruction are that the chest tissues are undamaged by scarring from radiation therapy, and this procedure may prevent an additional surgery. Delayed reconstruction is usually done after the mastectomy if procedures are required to restore symmetry.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Payment for the services detailed in this Reimbursement Policy are conditional upon meeting the coverage criteria outlined in Select Health's Medical Policies.

Select Health covers breast reconstruction procedures on all covered mastectomies consistent with the Women's Health and Cancer Rights Act (WHCRA) of 1998 and the Dept. of Labor clarifications of August 2001.

The breast reconstruction procedure codes are unilateral. If bilateral breast reconstruction is performed, Select Health prefers the procedure codes are identified using LT or RT modifiers.

Select Health follows NCCI guidelines and considers some services to be inclusive and integral components to the breast reconstruction codes 19361–19368 and S2066–S2068. These services include but are not limited to:

- Elevation and transfer of the flap or elevation of abdominal flap
- Muscle dissection, when performed
- Closure of the donor site, facial closure (donor site) with or without mesh, or abdominal closure, including umbilicoplasty

- Creation of the breast pocket and preparation of vasculature
- Insertion of breast implant or prosthesis, when performed
- Partial rib excision, when performed
- Exploration of the arteries or vessels used for the anastomosis
- Implantable Doppler when necessary
- Exploration for postoperative hemorrhage or a thrombosis when occurs during the operative session (An operative session ends when the patient is released from the operating or procedure suite)
- Breast contouring (i.e., Liposuction)
- Operating microscope

Two Surgeons (Co-Surgeons)

Some reconstructive surgeries use two surgeons. While one surgeon prepares the recipient site(s) (e.g., preparing the recipient vasculature) the other surgeon harvests the flap (e.g., Deep Inferior Epigastric Perforator Flap (DIEP)).

In these cases, each surgeon is required to dictate his/her portion of the surgical procedure in a separate OR report. In these circumstances, each surgeon should append a 62 modifier to the specific procedure performed (e.g., S2068-62) as they both worked together as primary surgeons performing distinct part(s) of a single service.

When preparing the recipient vasculature, it may be necessary to provide an additional service (e.g., removal of tissue expander(s) or removal of a previously placed breast prosthetic). In these cases, it would be appropriate to document and to bill for the additional service as a separate identifiable procedure by the surgeon who provided the service. As these services do not qualify for any surgical assistant or co-surgeon involvement, those modifiers would not be appropriate.

SELECT HEALTH MEDICARE (CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <https://www.cms.gov/medicare-coverage-database/search.aspx>

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website <https://medicaid.utah.gov/policy-manuals/>

Applicable Codes:

Code	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11970	Replacement of tissue expander with permanent implant
11971	Removal of tissue expander(s) without insertion of implant
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)

15877	Suction assisted lipectomy; trunk
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction; with latissimus dorsi flap
19364	Breast reconstruction; with free flap (eg, Ftram, DIEP, SIEA, GAP flap)
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest
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

Sources

1. *Breast Reconstruction With Gluteal Artery Perforator (GAP) Flaps* - The Center For Restorative Breast Surgery, New Orleans, Louisiana, (2014). <http://www.breastcenter.com/wp-content/uploads/2012/01/BreastReconstructionArticle.pdf>
2. *CMS National Correct Coding Initiative (NCCI)*, (20.1 - 2014).
3. *Current Procedural Terminology (CPT®)*, (2024) – American Medical Association.
4. ICD-10 9-CM Coding Guidelines. (2025, January 1).
5. November 2023 Physician Provider Manual. (2023, November 1). Retrieved October 24, 2024 from <https://medicaid.utah.gov/manuals/>

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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