

BREAST RECONSTRUCTION

Policy # 44

Implementation Date: 01/01/06

Revision Dates: 02/01/08, 03/29/13, 05/15/14, 10/4/18

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth 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: 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

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

SelectHealth 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, SelectHealth prefers the procedure codes are identified using LT or RT modifiers.

SelectHealth 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.

SelectHealth Advantage (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 SelectHealth 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/overview-and-quick-search.aspx?from2=search1.asp&%20or%20the%20manual%20website>

SelectHealth 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 SelectHealth Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website <https://medicaid.utah.gov/accept>

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 (List separately in addition to code for primary procedure)

11970	Replacement of tissue expander with permanent prosthesis placement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk)
15877	Suction assisted lipectomy; trunk
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
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion of 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 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 (no tissue is removed)
19371	Periprosthetic capsulectomy, breast (breast tissue and prosthesis is removed)
19380	Revision of reconstructed breast
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
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. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
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4. CPT® Assistant. (2010, June 1). Coding Consultation: Questions and Answers, pp. 8. EncoderPro 2014 Retrieved September 15, 2014.
5. CPT® Assistant. (2011, December 1). CPT Assistant Bonus Feature: Special Q&A, pp. 14-18. EncoderPro 2014 Retrieved September 15, 2014.
6. *CMS National Correct Coding Initiative (NCCI)*, (20.1 - 2014)
7. *Breast Reconstruction With Gluteal Artery Prefractor (GAP) Flaps* - The Center For Restorative Breast Surgery, New Orleans, Louisiana (2014) <http://www.breastcenter.com/wp-content/uploads/2012/01/BreastReconstructionArticle.pdf>
8. American Cancer Society – Breast Reconstruction After Mastectomy
http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Breast_Reconstruction_After_Mastectomy_5.asp
9. July 2014 Physician Provider Manual. (2014, July 1). Retrieved April 14, 2014, from
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