

MVP/Preferred Care BENEFIT INTERPRETATION MANUAL

Breast Reconstruction Surgery

Type of Policy

Surgical Care

Codes

CPT 4 codes: 19340,19342,19350,19357,19361,19364
19366-69,19380

ICD 9 diagnosis codes: 85.7,85.8x

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

Reconstructive surgery following breast surgery to create a simulated breast, specifically attempting to match a normal breast. Surgery on the contralateral breast may be required to achieve bilateral symmetry. The reconstruction may be performed immediately following surgery or may be delayed until a later date. The surgery usually necessitates two stages; the first stage is for the reconstruction of the breast, the second stage is for reconstruction of the nipple and areola.

Indications/Criteria

Breast reconstruction after mastectomy, lumpectomy, axillary node dissection and/or radiation of the chest wall is a covered benefit and will include:

- breast implantation (refer to Breast Implantation policy);
- reconstruction of the contralateral breast for symmetry;
- nipple/areolar reconstruction; and
- flap reconstruction (an alternative approach to implant reconstruction involves creation of a skin flap using tissue taken from either the back, abdomen or buttocks and transplanted to the chest).

As part of the second stage (nipple/areola reconstruction) intradermal tattooing of the nipple/ areola will be covered if performed as part of the original surgery, in lieu of skin grafting.

Documentation submitted should include:

- a complete history and physical examination and diagnosis. The request should specify if the proposed procedure will be immediate (done at the same time as the mastectomy, lumpectomy etc.) or delayed (done after the original mastectomy, lumpectomy, etc);
- specify whether the proposed reconstruction is for a diseased breast or for symmetry of a contralateral non-diseased breast; and
- if the proposed procedure is for the second stage (nipple/areola reconstruction), the intention to utilize tattooing instead of skin grafting must be specifically noted. Include any other breast reconstructive surgical procedures performed with dates of surgery.

There is no time limit specified for the reconstruction of the breast. In most cases reconstruction is completed during the first year following mastectomy. Delays may occur due to complications of prior surgeries or other health issues which require higher priority.

Subsequent repeat surgeries are rarely required. Indications for such revisions of prior reconstructions include, but are not limited to:

- progression of disease or disfigurement in the breast for which mastectomy was performed; and
- failure of the original surgery in the contra-lateral breast i.e. wound infection, contracted scars, rejected implant.

Asymmetry must be documented by medical notes and photographs for revision of contra-lateral reconstructions to be considered for coverage.

Exclusions/Limitations

All surgical procedures not meeting criteria.

Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative Policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the *easyLink* for Providers at www.preferredcare.org.

References

American Society of Plastic Surgeons, Breast Reconstruction following Breast Removal.
Available at plastic surgery.org.
United States 105th Congress, Women's Health and Cancer Rights Act of 1997.
CMS National Coverage Decision 140.2, Breast Reconstruction following Mastectomy
Available at cms.gov.

Approval(s) & Review/Revision(s)

Medical:

Review:

Surgical Advisory Team: 8/21/06

Approval:

Clinical Quality Team: 9/18/06

Prior Approval Date: 7/12/05

Origination Date: 11/99

Last Revision Date: 8/06

Effective Date: 11/1/06