

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.046.MH  
Last Review Date: 08/10/2017  
Effective Date: 10/01/2017

### MP.046.MH – Breast Reconstruction Procedures and External Breast Prosthesis

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Breast Reconstruction Procedures and External Breast Prosthesis** medically necessary for the following indications:

#### Breast Reconstruction:

1. **Breast Reconstruction-** All stages of breast reconstruction of the affected breast and procedures of the opposite breast to restore symmetry, including treatment of complications is considered medically necessary following a medically necessary mastectomy.
2. **Breast Implantation-** Breast implantation is covered when placed for reconstructive purposes following a mastectomy.
3. **Capsulectomy-** Capsulectomy is covered for complications of implant rupture or when other medical complications occur.
4. **Nipple Tattooing-** Nipple tattooing is covered when performed as a part of covered breast reconstruction procedures. This is the final stage of reconstruction, and may be delayed up to two years in some cases.

#### **Removal and/or Revision or Re-Implantation of Breast Implant**

Removal and/or revision of a breast implant are covered, on a case-by-case basis, when medically necessary for any of the following conditions:

1. Implant failure, extrusion, leakage, rupture, or rejection
2. Interference with the diagnosis of breast cancer
3. Infection
4. Ischemia
5. Granuloma or siliconoma
6. Hematoma
7. Painful capsular contracture causing severe discomfort and disfigurement
8. Skin loss or extrusion of the prosthesis through the muscle area.
9. Trauma

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## External Breast Prosthesis:

1. Breast prosthesis is covered for a member who has had a mastectomy.
2. An external breast prosthesis garment with mastectomy form (L8015) is covered for the use in the post-operative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and breast prosthesis.
3. A mastectomy bra (L8000) is covered when a member has a covered mastectomy form (L8020) or silicone (or equal) breast prosthesis (L8030), when the pocket of the bra is used to hold the form/prosthesis

## **Limitations**

### Breast Reconstruction:

1. Breast Reconstruction (breast implantation, removal, or revision) for any of the following conditions is considered not medically necessary and therefore not covered:
  - When a breast procedure is done for cosmetic purposes (i.e., to improve appearance shifting incorrect implant size, visible scars, uneven appearance, and wrinkling)
  - When done for anxiety over possible implant-associated disease
  - When done for changes in breast and/or nipple sensation
  - When the member has symptoms or a diagnosis of an auto-immune disorder, and there is no supporting documentation of a medical condition
  - For placement of breast implants which are not approved by the Food and Drug Administration (FDA).
2. Re-implantation of breast implants is not covered except when related to a cancer diagnosis.

### External Breast Prosthesis:

1. Mastectomy bra (without built in prosthesis)
  - There is no limit on mastectomy bras
2. Initial Prosthesis
  - Only one breast prosthesis per side for the useful lifetime of prosthesis. Two prostheses, one per each side, are allowed for members who have had bilateral mastectomies
3. Replacement Prosthesis: Replacement for the useful lifetime of a prosthesis (ordinary wear and tear) is as follows:
  - Silicone breast prostheses- two years
  - Nipple prosthesis- three months

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- Fabric, foam, or fiber filled breast prosthesis- six months.
  - Prosthesis of the same type can be replaced at any time if it is lost or is irreparably damaged (this does not include ordinary wear and tear).
  - Prosthesis of a different type can be replaced at any time if there is a change in the member's medical condition that necessitates a different type of item.
4. Not medically necessary and therefore not covered:
    - Breast prosthesis (silicone or equal, with integral adhesive (L8031))
    - Custom fabricated prosthesis (L8035)
    - More than one breast prosthesis per side
  5. Supplier:
    - A written signed and dated order must be received by the supplier before a claim is submitted.
  6. Ordering and Delivery:
    - The supplier should not dispense more than a three month quantity at a time.
    - The beneficiary or caregiver must specifically request new items before they are dispensed. The supplier must not automatically dispense a quantity of items on a predetermined regular basis, even if the beneficiary has "authorized" this in advance.
    - Contact with the member regarding refills should take place no sooner than approximately seven days prior to the delivery/shipping date.
    - For subsequent deliveries of refills, the supplier should deliver the product no sooner than approximately five days prior to the end of usage for the current product.

### Background

Breast reconstruction may be an option for any woman receiving surgical treatment for breast cancer. All women undergoing breast cancer treatment should be educated about breast reconstructive options as adapted to their individual clinical situation. However, breast reconstruction should not interfere with the appropriate surgical management of the cancer. The process of breast reconstruction should not govern the timing or the scope of appropriate surgical management for this disease.

Breast reconstruction can be done immediately following mastectomy or delayed following the completion of cancer treatment (after mastectomy or lumpectomy surgery, as well as radiation therapy, chemotherapy or targeted therapies are given). In many cases, breast reconstruction involves a staged approach (delayed-immediate reconstruction).

The American Society of Plastic Surgeons (ASPS) has outlined the following as potential risk factors for post-operative complications:

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- **Smoking** - Smoking is associated with an increased risk of complications and an increased risk of reconstructive failure in members undergoing post-mastectomy expander/implant breast reconstruction. Patients should be informed of the increased risks and advised on smoking cessation as means to decrease surgical complications. Additionally, it should be recognized that the decision to proceed with surgery may preclude timely smoking cessation
- **Obesity** – A BMI of 25 or greater is associated with an increased risk of postoperative complications and reconstructive failure among patients undergoing post-mastectomy expander/implant breast reconstruction. These risks are even higher among patients with a BMI greater than 30. Obese patients should be informed of their increased surgical risks with expander/implant reconstructions and advised on practical weight loss solutions. Additionally, it should be recognized that the decision to proceed with surgery may preclude timely weight management
- **Diabetes** - There is no evidence to indicate that diabetes is a significant independent risk factor for the development of either postoperative complications or reconstructive failure in patients undergoing post-mastectomy expander/implant breast reconstruction. However, this information should not deter surgeons from continuing to practice glycemic control in the peri-operative period for breast cancer patients.

### Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
<b>Breast Reconstruction CPT Codes</b>	
11920	Tattooing, Intradermal Introduction of Insoluble Opaque Pigments to Correct Color Defects of Skin, including Micropigmentation; 6.0 <sup>2</sup> cm or less
11921	Tattooing, Intradermal Introduction of Insoluble Opaque Pigments to Correct Color Defects of Skin, including Micropigmentation, 6.1 to 20.0 <sup>2</sup> cm
11922	Tattooing, Intradermal Introduction of Insoluble Opaque Pigments to Correct Color Defects of Skin, including Micropigmentation; each additional 20.0 <sup>2</sup> [List separately in addition to code for primary procedure]
19316	Mastopexy
11921	Tattooing, Intradermal Introduction of Insoluble Opaque Pigments to Correct Color Defects of Skin, including Micropigmentation, 6.1 to 20.0 <sup>2</sup> cm

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11922	Tattooing, Intradermal Introduction of Insoluble Opaque Pigments to Correct Color Defects of Skin, including Micropigmentation; each additional 20.0 <sup>2</sup> [List separately in addition to code for primary procedure]
19316	Mastopexy
11921	Tattooing, Intradermal Introduction of Insoluble Opaque Pigments to Correct Color Defects of Skin, including Micropigmentation, 6.1 to 20.0 <sup>2</sup> cm
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 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
19380	Revision of Reconstructed Breast
19396	Preparation of Moulage for Custom Breast Implant
External Breast Prosthesis	
<b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
L8000	Breast prosthesis, mastectomy bra
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form

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L8030	Breast prosthesis, silicone or equal, without integral adhesive
L8032	Nipple prosthesis, reusable, any type, each
L8039	Breast prosthesis, not otherwise specified
<b>Non Covered HCPCS Codes</b>	
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8035	Custom breast prosthesis, post mastectomy, molded to patient model
<b>ICD-10 codes</b>	
C44.501	Unspecified malignant neoplasm of skin of breast
C44.591	Other specified malignant neoplasm of skin of breast
C50.01- C50.119	Malignant neoplasm of nipple and areola
C50.2- C50.219	Malignant neoplasm of upper-inner quadrant of breast
C50.3- C50.319	Malignant neoplasm of lower-inner quadrant of breast
C50.4- C50.419	Malignant neoplasm of upper-outer quadrant of breast
C50.5- C50.519	Malignant neoplasm of lower-outer quadrant of breast
C50.6- C50.619	Malignant neoplasm of axillary tail of breast
C50.8- C50.819	Malignant neoplasm of overlapping sites of breast
C50.9- C50.919	Malignant neoplasm of breast of unspecified site
C79.81	Secondary malignant neoplasm of breast
D05.0- D05.02	Lobular carcinoma in situ of breast
D05.1- D05.12	Intraductal carcinoma in situ of breast
D05.8- D05.82	Other specified type of carcinoma in situ of breast

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D05.9- D05.92	Unspecified type of carcinoma in situ of breast
D48.6	Neoplasm of uncertain behavior of breast
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
I97.2	Post-mastectomy lymphedema syndrome
T85.49XA	Other mechanical complication of breast prosthesis and implant, initial
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic
T85.89XA	Other specified complication of internal prosthetic devices, implants
Z42.1	Encounter for breast reconstruction following mastectomy
Z44.30	Encounter for fitting and adjustment of external breast prosthesis, unspecified breast
Z44.31	Encounter for fitting and adjustment of external right breast prosthesis
Z44.32	Encounter for fitting and adjustment of external left breast prosthesis
Z85.3	Personal history of malignant neoplasm of breast
Z90.10	Acquired absence of unspecified breast and nipple

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