


MEDICAL POLICY	Breast Reconstruction (Medicare Only)
Effective Date: 4/1/2022	Medical Policy Number: 523
 4/1/2022	Medical Policy Committee Approved Date: 3/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Note: Reduction mammoplasty and removal of breast implants are not addressed in this Medicare medical policy because they are addressed in other Medicare medical policies (See Cross References).

Service	Medicare Guidelines
<i>Breast Reconstruction Surgery Following Mastectomy</i>	National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2)
<i>Breast Reconstruction Surgery Not Following a Mastectomy or For Cosmetic Purposes Only</i>	Local Coverage Determination (LCD) for Plastic Surgery (L37020) <i>See “Policy Guidelines” below</i>

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POLICY GUIDELINES

Medicare excludes coverage for cosmetic surgery or expenses incurred in connection with such surgery.¹ According to the Noridian Healthcare Solutions (Noridian) Local Coverage Determination (LCD) L37020:

“Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

“Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.”

Therefore, breast surgeries that are **not** related to a prior mastectomy are subject to reconstructive vs. cosmetic criteria found in the LCD noted in the criteria table above and general Medicare cosmetic exclusion guidelines.

BILLING GUIDELINES

See associated local coverage articles (LCAs) for related billing and coding guidance:

- LCA: Billing and Coding: Plastic Surgery (A57222)

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
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)
19316	Mastopexy
19318	Breast reduction
19325	Breast augmentation with implant
19328	Removal of intact implant
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
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
19355	Correction of inverted nipples

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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
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
19396	Preparation of moulage for custom breast implant
No Prior Authorization Required	
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Autologous Fat Transfer, MP9
- Breast Implant Removal (Medicare Only), MP262
- Breast Reconstruction (All Lines of Business Except Medicare), MP58
- Breast Surgery: Reduction Mammoplasty (All Lines of Business Except Medicare), MP64
- Breast Surgery: Reduction Mammoplasty (Medicare Only), MP205
- Cosmetic and Reconstructive Procedures (All Lines of Business Except Medicare), MP98
- Cosmetic and Reconstructive Procedures (Medicare Only), MP232
- Skin and Tissue Substitutes, MP16
- Surgical Treatments for Lymphedema, MP222

REFERENCES

1. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §120 – Cosmetic Surgery; Last Updated: 10/01/2003; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>