



**Subject:** Reconstruction Post Breast Surgery\*

**Effective Date:** January 1, 1997

**Department(s):** Utilization Management

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**Policy:** Reconstructive breast surgery, surgery to restore and/or achieve symmetry between the two breasts, and the cost of prostheses, during or following mastectomy or other surgery for treatment or prevention of breast cancer, are all reimbursable under Plans administered by QualCare, Inc.

**Objective:** To provide proper and consistent reimbursement for specific procedures not deemed cosmetic.

**Procedure:**

1. No time limit after the original breast surgery is applied to the performance of reconstruction or other surgery covered by this policy.
2. Procedures covered by this policy are reimbursed to the same extent as are those for other medical problems covered by the specific Plan.
3. Procedures reimbursable under this policy include but are not limited to the following (CPT or HCPCS code in parentheses):
  - a. Breast implants (**19325, 19340, 19342, C1789, L8600**)
  - b. Non-implant breast augmentation (**19324**)
  - c. Removal of intact breast implant (**19328**)

- d. Removal of breast implant material (**19330**)
- e. Breast tissue expander procedures (**19357**)
- f. Implantation of biologic implant( i.e. acellular dermal matrix ) for soft tissue reinforcement ( **15777**)
- g. Open periprosthetic capsulotomy, breast (**19370**)
- h. Periprosthetic capsulectomy, breast (**19371**)
- i. Autologous fat transplant( i.e. liposuction, lipoinjection, lipofilling, lipomodeling)( **15877,15879,11950-11954**)
- j. Flaps from an abdominal donor site, including but not limited to:
  - i. TRAM flaps (**19367-19369**)
  - ii. DIEAP/SIEP flaps ( **S2067, S2068**)
  - iii. Free flaps including Rubens( deep circumflex iliac artery flap) (**19364**)
- k. Latissimus dorsi flaps (**19361**)
- l. Thoracodorsal artery perforator flap(TDAP) (no specific code, may use **19499**)
- m. Transverse upper gracilis (TUG) flap ( no specific code, may use **19499 or 19364**)
- n. Gluteal artery perforator flap (**S2066**)
- o. Superior or inferior gluteal artery free flap ( no specific code, may use **19499 or 19364**)
- p. Profunda artery perforator flap( no specific code, may use 19499 or 19364)
- q. Reconstruction of nipple-areolar complex (**19350**)
- r. Tattooing for creation of nipple-areolar complex (**11920-11922**)
- s. Oncoplastic reconstruction in breast conservation therapy( codes per individual procedures to be used)
- t. Reduction mammoplasty (**19318**)
- u. Revision of reconstructed breast (**19380**)

4. Intraoperative assessment of tissue perfusion is considered an integral part of the breast reconstruction procedure and is **not** separately reimbursable ( no specific code but 15860 may be

*submitted).*

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.