



## **ASPS RECOMMENDED INSURANCE COVERAGE CRITERIA AUTOLOGOUS FAT GRAFTING TO THE BREAST**

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### **INTRODUCTION**

Autologous fat grafting to the breast is defined as removal of fat tissue from other parts of the body, followed by placement of the non-vascularized fat into the subcutaneous chest tissue to rebuild or reconstruct the breast. Fat grafting may also be referred to as fat transfer, lipoinjection, lipofilling, lipomodelling, and fat injection. This procedure has emerged as a common plastic surgery technique. Current data, technical advances in fat grafting, and numerous scholarly publications encourage physicians to consider fat grafting for breast reconstruction. However, fat grafting is not limited to the breast; it is also progressing in other areas of the body. Before engaging in the practice of autologous fat grafts, experienced plastic surgeons should consider the safety, efficacy, and evidence of various applications and techniques.

In light of findings by the ASPS Fat Graft Subcommittee, recommendations herein are limited to fat graft in the breast.

### **BACKGROUND**

Since the 1980s, there has been an increased interest in autologous fat transfer for breast reconstruction. Fat grafting uses the patient's own fat cells from thighs, buttocks, or trunk to replace volume, fill defects, and contour deformities after breast reconstruction. The fat is harvested by aspiration with a syringe or cannula. It then may be washed, filtered, strained, decanted, and/or centrifuged before being transferred to the breast.

These policy recommendations address proposed indications for fat grafting to correct deformities following oncologic surgery or to correct breast asymmetry or hypoplasia in the adult patient. These include correction of contour deformities (improvement of shape and volume), and restoration of irradiated skin to non-irradiated appearance and consistency.

### **DEFINITIONS**

The following definitions of cosmetic and reconstructive surgery were adapted by the American Medical Association in 1989 and reaffirmed in 2003:

*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. It is generally performed to improve function, but may also be done to approximate a normal appearance.

**SCIENTIFIC EVIDENCE**

An evaluation of available literature on autologous fat grafting following mastectomy with no remaining native breast tissue indicates that the body of evidence is comprised mostly of case series, and when combined, the studies provide consistent evidence, thus resulting in grade B recommendations. A grade B recommendation encourages clinicians to employ the available information while remaining cognizant of newer, evidence-based findings. The existing evidence suggests autologous fat grafting is an effective adjunct to breast reconstruction following mastectomy demonstrating moderate to significant aesthetic improvement. In addition, the available evidence also cites autologous fat grafting as a useful modality for alleviating post mastectomy pain syndrome. Furthermore, the evidence suggests autologous fat grafting as a viable option for improving the quality of irradiated skin present in the setting of breast reconstruction.

**INSURANCE COVERAGE SUMMARY**

<b>Insurance company</b>	<b>Fat Grafting Coverage</b>	<b>Fat Grafting Coverage Criteria Explanation</b>
Aetna	Yes	Grafting of autologous fat as a replacement for implants for breast reconstruction, or to fill defects after breast conservation surgery or other reconstructive techniques is considered medically necessary, includes lipectomy and liposuction.
Anthem	No Information Available	N/A
Blue Cross Blue Shield	No	The use of autologous fat grafting to the breast, with or without adipose-derived stem cells, is considered investigational.
Cigna	No	Autologous fat transplanting (lipoinjection, lipolifting, lipomodelling, ADSCs) following breast reconstruction procedures is not covered because such treatment is considered experimental, investigational or unproven.
Coventry	No Information Available	N/A
Health Net	Yes	Autologous fat/graft transfer (e.g. lipoinjection, lipofilling, lipomodelling) post-mastectomy, when no native breast tissue is present, is considered medically necessary.
Humana	No	Humana members MAY NOT be eligible for autologous fat graft, fat transplant (lipoinjection, lipomodelling), suction lipectomy or liposuction in conjunction with breast reconstruction. These technologies are considered experimental/investigational.
United Health Group	No Information	N/A

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As the above table indicates, most insurance companies continue to consider fat grafting not “medically necessary” and will not reimburse for any procedure related to fat grafting. As such, members should develop a “self-pay” package for this service outlining the cost of the procedure to include pre/post-operative care, surgeon and anesthesiologist fees, cost of drugs and supplies, etc. Members should also discuss the lack of coverage with their state Attorneys General (AG) office and solicit further investigation by their AG to ensure coverage for fat grafting under the federal mandate for breast cancer reconstruction services.

**POLICY**

Autologous fat grafting should no longer be considered experimental but should be regarded as part of reconstructive surgery when it is performed to approximate a normal appearance of the breasts following mastectomy or lumpectomy or in patients with asymmetry or hypoplasia of other origins. Breast reconstruction of the affected breast, as well as surgery on the contralateral breast to achieve symmetry, is considered reconstructive surgery and in accordance with the Women’s Health and Cancer Rights Act must be a covered benefit and reimbursed by third-party payers.

Legislation: Women’s Health and Cancer Rights Act of 1998.

In October 1998, federal legislation was signed into law requiring group health plans and health issuers that provide medical and surgical benefits with respect to mastectomy, to cover the cost of reconstructive breast surgery for women who have undergone a mastectomy. The law states:

- *The attending physician and patient are to be consulted in determining the appropriate type of surgery.*
- *Coverage must include all stages of reconstruction of the diseased breast, procedures to restore and achieve symmetry on the opposite breast and the cost of prostheses and complications of mastectomy, including lymphedema.*

*Group health plans and health insurance issuers offering group health coverage **may not:***

- *Deny a patient eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of the statute.*
- *Penalize, reduce, or limit the reimbursement of an attending provider.*
- *Provide incentives to attending provider to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section.*

**CODING & BILLING**

The following codes are provided as a guideline for the physician and are not meant to be exclusive of other possible codes.

Procedure	CPT Code(s)	RVUs
Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and or legs; 50 cc or less injectate	15771	RVU=6.73
Each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	15772	RVU=2.5

Diagnosis codes	ICD-9 code	ICD-10 code
Acquired absence of breast	V45.71	Z90.10 – Z90.13
Atrophy of breast	611.4	N64.2
Breast asymmetry/ disproportion of reconstructed breast	612.1	N65.1
Breast cancer	174.0 - 174.9	C50.011 – C50.929
Congenital malformation of breast	757.6	Q83.0 – Q83.9
Deformity of reconstructed breast	612.0	N65.0
Encounter for breast reconstruction following mastectomy	V51.0	Z42.1
Genetic susceptibility to malignant neoplasm	V84.01	Z15.01
History of breast cancer	V10.3	Z85.3
Hypoplasia of breast	611.82	N64.82
Late effects of medical/surgical care	909.3	T88.9xxs
Late effects of radiation	909.2	L59.9
Scar, fibrosis	709.2	L90.5

## REFERENCES

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*Approved by the ASPS<sup>®</sup> Executive Committee: June 2015. Coding updated in January 2020.*