



ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Breast Reconstruction Following Diagnosis and Treatment for Breast Cancer

BACKGROUND

For women, the function of the breast, aside from the brief periods when it serves for lactation, is an organ of female sexual identity. The female breast is a major component of a woman's self image and is important to her psychological sense of femininity and sexuality. Individuals with abnormal breast structure(s) often suffer from a severe negative impact on their self esteem, which may adversely affect their sense of well-being.

Breast cancer is the second most frequently occurring cancer in the United States. Breast reconstruction after cancer treatment is the most common reason patients seek breast reconstruction surgery. Many women find that surgical reconstruction of the missing breast is an essential component in their recovery from cancer.

DEFINITION: COSMETIC AND RECONSTRUCTIVE SURGERY

For reference, the following definitions of cosmetic and reconstructive surgery were adopted by the American Medical Association, June 1989:

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.

POLICY

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 prosthesis 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.

The statute extends the requirement to self-insured plans under ERISA federal law, and preempts state laws that do not provide at least the same level of coverage. Violations of this federal legislation may be reported to the Department of Labor at 202-219-8776.

DIAGNOSIS CODING: ICD-9 and ICD-10

Malignant neoplasm of female breast

ICD-9: 174.0 - 174.9

ICD-10: C50.011-019, C50.111-119, C50.211-219, C50.311-319, C50.411-419, C50.511-519, C50.611-619, C50.811-819, C50.911-919

Malignant neoplasm of male breast

ICD-9: 175.0 & 175.9

ICD-10: C50.021-029, C50.121-129, C50.221-229, C50.321-329, C50.421-429, C50.521-529, C50.621-629, C50.821-829, C50.921-929

Personal history of malignant neoplasm of breast

ICD-9: V10.3

ICD-10: Z85.3

Genetic predisposition for breast cancer

ICD-9: V84.01

ICD-10: Z15.01

Family history of breast cancer

ICD-9: V16.3

ICD-10: Z80.3

Disproportion of reconstructed breast

ICD-9: 612.1

ICD-10: N65.1

Deformity of reconstructed breast

ICD-9: 612.0

ICD-10: N65.0

Acquired absence of breast

ICD-9: V45.71

ICD-10: Z90.10-Z90.13

For surgery of the opposite breast:

Macromastia

ICD-9: 611.8

ICD-10: N62

Breast Asymmetry

ICD-9: 611.8

ICD-10: N65.1

Ptosis

ICD-9: 611.8

ICD-10: N64.81

See ASPS® Recommended Insurance Coverage Criteria for Prophylactic Mastectomy for diagnosis code V16.3, family history of malignant neoplasm of breast.

SURGICAL TREATMENT OF BREAST CANCER

Mastectomies can be segmental/partial, complete or total (modified radical or radical with muscle resection). Mastectomies can be indicated for malignant, pre-malignant, genetic predisposition, or in some situations, for benign disease processes.

Lumpectomy, also referred to as a tylectomy, is the surgical excision of a cancerous lump along with a margin of normal breast tissue. Twenty to thirty percent of patients undergoing a lumpectomy will be left with breast deformities that vary greatly depending on the type of resection, radiation therapy, breast size and shape, and tumor location.

Partial mastectomy can be called a lumpectomy by some surgeons since in both scenarios only a part of the breast tissue is being removed.

Reconstruction Following the Treatment of Breast Cancer

A variety of reconstruction techniques are available to accommodate a wide range of breast deformities resulting from mastectomy, lumpectomy or radiation therapy. The technique(s) selected are dependent on the nature of the defect, the patient's individual circumstances and the surgeon's judgment. When developing the surgical plan, the surgeon must correct underlying deficiencies, as well as take into consideration the goal of achieving bilateral symmetry.

Depending on the individual patient circumstances, surgery on the contralateral breast may be necessary to achieve symmetry. Surgical procedures on the opposite breast may include reduction mammoplasty, mastopexy with or without augmentation, and fat grafting.

Breast reconstruction occurs in stages regardless of the type of reconstruction; **it is not a one-time procedure**. To achieve symmetry, as described in the Women's Health and Cancer Rights Act, additional surgeries, including revisions on either breast, to improve scarring, adjust volume and contour, and nipple reconstruction and tattooing will usually be necessary.

The number of surgeries necessary to achieve a symmetrical and satisfactory result varies from patient to patient, depending on many variables. The entire reconstructive process may take a year or more.

POSSIBLE CPT CODING

Mastopexy	19316
Reduction Mammoplasty	19318
Mammoplasty, augmentation: without prosthetic implant	19324

With prosthetic implant	19325
Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	19340
Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	19342
Nipple /aerolar reconstruction	19350
Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	19357
Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	19361
Breast reconstruction with free flap	19364
Breast reconstruction with other technique	19366
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	19367
With microvascular anastomosis (supercharging)	19368
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	19369
Open periprosthetic capsulotomy, breast	19370
Periprosthetic capsulectomy, breast	19371
Revision of reconstructed breast	19380
Preparation of moulage for custom breast implant	19396
Unlisted procedure, breast	19499
Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and or legs; 50 cc or less injectate	15771
Each additional 50 cc injectate, or part thereof	15772
(List separately in addition to code for primary procedure)	
Nipple Tattooing	11920, 11921, 11922
Removal of tissue expander/place implant	11970
Oncoplastic transfer of breast tissue	14000, 14001

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