



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



THE PLASTIC SURGERY
FOUNDATION®

Executive Office

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December 15, 2017

The Honorable Joseph K. Miner, MD, MSPH
Executive Director
Utah Health Department
PO Box 141000
Salt Lake City, UT 84114

RE: Utah R414-1-29

Dear Executive Director Miner:

We are writing on behalf of the American Society of Plastic Surgeons (ASPS) and the 72 plastic surgeons in Utah to reiterate our opposition to the proposed amendment to Utah R414-1-29, which limits Medicaid coverage for reconstructive breast surgery. ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94% of all board-certified plastic surgeons in the United States. Our mission includes ensuring that women are fully informed of their breast reconstruction options.

As stated in our September 26 comments, some breast cancer patients require chemotherapy and/or radiation therapy. These treatments can result in complications such as infection, excessive scarring, and deformity that also require additional surgery. Therefore, we commend the department for restoring “previous therapeutic intervention” to the proposed rule. That being said, the updated language needs more changes in order to protect patients from unintended consequences.

Subsection (4) uses vague language referencing “initial occurrences,” which is problematic due to the fact that patients who have undergone breast reconstruction could develop a recurrence. This recurrence would be outside of the “initial occurrence,” and would also be outside of the paradigm of a “multi-step procedure.” If a patient had lumpectomy/radiation, would this be considered the “initial occurrence”? (It is unclear whether this is related to initial occurrence of cancer or initial occurrence of reconstruction.) Furthermore, if a patient were to develop a cancer recurrence years later – and required mastectomy due to radiation – would they be eligible for reconstruction?

Breast reconstruction usually entails more than one surgery. For that reason, the current proposed language could result in some women receiving an incomplete reconstruction, suffering from difficult-to-camouflage asymmetries, having pain or discomfort that could be easily remedied by another surgical intervention, or even death. Given the fact that the aforementioned – along with myriad other – courses of medical treatment warrant multiple procedures, the department needs to further clarify the definition of the term “repeat” in subsection (5) of the proposal.

The Current Procedural Terminology (CPT) coding system has been set up to allow the use of a one-to-many relationship for some codes, based on the description of the procedure code. Therefore, in theory, a surgeon could report the same code, but have rendered different services. For example, a plastic surgeon may use CPT code 25320 to report an open capsulorrhaphy or reconstruction of the wrist. The appropriate usage of this code includes reporting of (1) capsulodesis; (2) ligament repair; (3) tendon transfer; or (4)

graft. Surgery may also include synovectomy, capsulotomy, and open reduction for carpal instability. Depending on the needs of the patient, not all of these procedures would be performed during the same operative session. Considering the above example, would the new policy regarding breast reconstruction only allow the patient to have a single surgery – i.e., only be able to utilize a CPT code once – and exclude staged, or secondary, procedures?

Additionally, CPT modifiers are used to indicate special circumstances, such as transfer of care, where both providers would bill the same surgical CPT code with a unique modifier to indicate their involvement at either the pre-operative, surgical, or post-operative level. Does Utah intend to disallow surgeons from transferring care between urban (where the reconstructive surgery was performed) and rural (where the patient lives) medical offices?

While we appreciate the department's willingness to implement feedback, we still have grave concerns with the proposed rule. Consequently, we urge the department to again reconsider the proposed changes to Utah R414-1-29 in order to ensure that women in need receive the quality and depth of care that they deserve. Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at phermes@plasticsurgery.org or (847) 228-3331 with any questions or concerns.

Sincerely,



Jeffrey E. Janis, MD, FACS
President, American Society of Plastic Surgeons



Kimball M. Crofts, MD
President Elect, Utah Society of Plastic Surgeons