Coverage Summary

Breast Reconstruction Following Mastectomy

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 04/18/2017

Related Medicare Advantage Policy Guidelines:
• Breast Reconstruction Following Mastectomy (NCD 140.2)
• Dysphoria and Gender Reassignment Surgery (NCD 140.9)
• Pneumatic Compression Devices (NCD 280.6)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

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I. COVERAGE

Coverage Statement: Breast reconstruction post mastectomy is covered when Medicare coverage criteria are met.

Guidelines/Notes:
1. When a member elects breast reconstruction following a medically necessary mastectomy or lumpectomy, coverage in accordance with Medicare guidelines is to be provided as determined through consultation between the attending physician and the member.
   • See the NCD for Breast Reconstruction Following Mastectomy (140.2). (Accessed April 11, 2017)
   • Local Coverage Determinations (LCDs) exist and compliance with these policies is required where applicable. For state-specific LCDs, refer to the LCD Availability Grid (Attachment A). (Accessed July 6, 2017)
   • Also see the Women’s Health and Cancer Rights Act. (Accessed April 11, 2017)

Covered services include, but not limited to:
   a. Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy
b. External breast prosthesis and bras; also see the Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

c. Initial breast implant (CPT code 19340)

d. Replacement breast implants when medically necessary

e. Nipple tattoo for post-mastectomy reconstructive purposes (CPT codes 11920, 11921, 11922); see the Cosmetic and Reconstructive Procedures Coverage Summary

f. Tissue expansion (CPT code 19357)

g. Regional tissue transfer

h. Mastopexy (CPT code 19316); see the Cosmetic and Reconstructive Procedures Coverage Summary

i. Reductive Mammaplasty (CPT code 19318); also see the Cosmetic and Reconstructive Procedures Coverage Summary.

j. Treatment of physical complications resulting from the mastectomy or lumpectomy, including lymphedema. Treatment for lymphedema may include:

Pneumatic Compression Devices for the treatment of refractory lymphedema; see the NCD for Pneumatic Compression Devices (280.6). (Accessed April 11, 2017)

LCDs exist and compliance with these policies is required where applicable. See the LCD for Pneumatic Compression Devices (L33829). (Accessed July 6, 2017)

DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including pneumatic compression devices). For DME Face to Face Requirement information, refer to the Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid.

k. Myocutaneous Flaps (CPT codes 19361, 19364, 19366, 19367, 19368, 19369)

- Medicare does not have a National Coverage Determination (NCD) which address myocutaneous flaps.

- Local Coverage Determinations (LCDs) exist which address Myocutaneous Flaps (i.e., LCD for Cosmetic and Reconstructive Surgery and LCD for Plastic Surgery). For state-specific LCDs refer to the LCD Availability Grid (Attachment A). Compliance with these LCDs is required.

- For states with no LCDs, refer to the UnitedHealthcare Coverage Determination Guideline for Breast Reconstruction Post Mastectomy.

- Committee approval date: April 18, 2017

- Accessed July 6, 2017

2. Reconstructive services are not covered for members who have not had a medically necessary mastectomy or lumpectomy and who are requesting surgery only for the purpose of creating symmetrical breasts or other cosmetic purpose. See the NCD for Breast Reconstruction Following Mastectomy (140.2). (Accessed April 11, 2017)

II. DEFINITIONS

Mastectomy: The surgical removal of part or all of the breast, and sometimes other tissue. American Cancer Society, Glossary of Terms; available at
06/24/2013  Annual review with the following updates:

- Guidelines #1.e (Nipple tattoo for post-mastectomy reconstructive purposes) - Guidelines replaced with the link to the Cosmetic and Reconstructive Procedures Coverage Summary.
- Guidelines #1.f (Tissue expansion) - Added reference to CPT code 19357
- Guidelines #1.h (Mastopexy) - Guidelines replaced with the link to the Cosmetic and Reconstructive Procedures Coverage Summary.
- Guidelines #1.i (Reductive Mammoplasty) - Guidelines replaced with the link to the Cosmetic and Reconstructive Procedures Coverage Summary
- Guidelines #1.j (Breast reconstruction with Latissimus Dorsi flap) - Added under covered services (new to policy)
- Guidelines #2 (Breast reconstruction with muscle or myocutaneous flap; CPT code 19360) - Guidelines deleted; guidelines and CPT code 19360 no longer addressed in the Medicare Claims Manual.

06/18/2012  Annual review; no updates.

12/02/2011  Updated LCD Availability Grid (Attachment A), added Trailblazer L31784 and Palmetto L30852.


01/19/2011  Policy updated to include the new web site for the American Cancer Society, Glossary of Terms in the Reference section.

V. ATTACHMENT(S)

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End of Attachment A