Medical Policy

BlueCross BlueShield Kansas
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Title: Breast Reconstructive Surgery After Mastectomy

Prior Authorization of Services may be required by Member's Contract.

Related Policies:	▪ *Bio-Engineered Skin and Soft Tissue Substitutes*

Professional / Institutional
Original Effective Date: May 5, 2000
Latest Review Date: August 11, 2026
Current Effective Date: July 23, 2024

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

The Women's Health Care and Cancer Rights Act of 1998 (WHCRA) is federal legislation that states "under WHCRA, group health plans, insurance companies, and health maintenance organizations (HMOs) offering mastectomy coverage, must also provide coverage for certain services related to the mastectomy in a manner determined in consultation with the attending physician and the patient. Required coverage includes all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema."

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Note the following:

1. Cancer does not have to be the reason for the mastectomy
2. The mandate applies to men as well as women
3. WHCRA mandates coverage for all stages of breast reconstruction.
4. WHCRA does not mandate coverage for revision of a completed breast reconstruction to improve appearance.

The American Society of Plastic Surgeons acknowledges in their breast implant patient education brochure that revision of cosmetic reconstructions may not be eligible for coverage. The following paragraph quotes from the brochure: "The Women's Health Rights and Cancer Act of 1998 requires health plans to cover breast reconstruction after mastectomy and surgery on the other breast to help achieve symmetry if necessary. Breast reconstruction with either tissue expanders or implants is a multi-stage process to create a breast mound, place a permanent implant, and surgically create a nipple and areola, if desired. Additional surgery to revise or improve the result of the breast reconstruction and/or replace implants may not be covered by your health insurance plan. Review your health insurance plan subscriber information or contact your plan about their coverage policies. Patients who choose to have breast reconstruction need to understand the potential for future surgery to maintain the quality of their breast reconstruction(s)." This statement indicates that the ASPS recognize that the WHCRA does not mandate coverage for revision of a completed breast reconstruction.

Kansas state law (40-2,166) mandates coverage "in connection with" a medically necessary mastectomy for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications in all stages of mastectomy, including lymphedema.

The American Medical Association (AMA) defines cosmetic and reconstructive surgery as follows: Cosmetic surgery is performed to reshape normal structure 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 deformity, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

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POLICY

A. Coverage of breast reconstructive surgery is mandated when "in connection with" medically necessary mastectomies and may include the following:
   1. Reconstructive surgery of the affected breast, including soft tissue rearrangement, breast reduction, muscle flaps, nipple grafting, implant insertion, tissue expander placement, fat grafting, and placement of an approved tissue replacement product.
   2. Reconstruction of the contralateral breast to achieve symmetry with reduction mammaplasty, augmentation mammaplasty with implants, mastopexy, or mastectomy.

B. Revision, removal, or replacement of breast implants from a medically necessary mastectomy may be covered for any of the following when contract requirements are met:
   1. Implant rupture, failure, exposure or extrusion, **OR**
   2. Infection or inflammatory reaction to a breast prosthesis including siliconoma, granuloma, or painful capsular contracture with disfigurement, **OR**
   3. Interference with diagnosis or treatment of breast cancer
   4. Textured implants, which have been identified in a FDA market withdrawal and are the source of persistent symptoms of pain, lumps, swelling or asymmetry after surgical incision healing

C. Breast reconstructive surgery may be covered under other provisions of the reconstructive surgery section of the member's contract.

POLICY GUIDELINES

A. Mastectomy includes breast removal which is partial (described as lumpectomy, quadrantectomy, tylectomy, or segmentectomy), simple, modified radical, or radical. This would not necessarily include small defects resulting from excision of small tumors, excision of cysts, biopsies (open, core, or needle), or removal of aberrant breast tissue, duct, nipple and areolar lesions.

B. Clear documentation of procedures is extremely important. The size of the resection, the size of the defect, incisions made, the nature of the flap(s), the size of the flap(s), and how they are rotated or transposed must be accurately described in the operative report.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.

Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

The code(s) listed below are medically necessary ONLY if the procedure is performed according to the "Policy" section of this document.

CPT/HCPCS	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof
19316	Mastopexy
19318	Reduction mammaplasty
19325	Mammaplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant

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REVISIONS	
05-04-2012	Policy added to the bcbsks.com web site.
10-26-2012	In the Policy section: ▪ In Item I, inserted "and may include the following:" to read "Breast reconstructive surgery is covered when "in connection with" medically necessary mastectomies and may include the following:" ▪ In Item I, moved the following statement, " Note: the final stage in breast reconstructive surgery after a medically necessary mastectomy is nipple / areola reconstruction (when desired)." to the policy guidelines. ▪ Removed Item I, #1, "After a medically necessary mastectomy—covered reconstructive procedures include any or all of the following:" ▪ In Item I,#1, a, inserted "of the affected breast, including soft tissue rearrangement, breast reduction, muscle flaps, nipple grafting" to read "Reconstructive surgery of the affecte4d breast, including soft tissue rearrangement, breast reduction muscle flaps, nipple grafting, and implant insertion" ▪ Removed Item I, #1, b, "Procedures where muscle tissue is transposed from another site. ▪ Removed Item I, #1, d, "Revision or removal of pre-existing breast implants placed for cosmetic purposes (which may be considered inclusive to other procedures)." ▪ Added the following Policy Guidelines: "1. The term mastectomy includes partial mastectomies but not lumpectomies. 2. The final stage in breast reconstructive surgery after a medically necessary mastectomy is nipple/areola reconstruction (when desired). 3. Clear documentation of procedures is extremely important. The size of the resection, the size of the defect, incisions made, the nature of the flap(s), the size of the flap(s), and how they are rotated or transposed must be accurately described in the operative report."
	Reference section updated. ▪ Added "Other References" section.
06-26-2013	Updated Description section.
	In Policy section: ▪ In Item I, revised policy statement, "Breast reconstructive surgery is covered when 'in connection with' medically necessary mastectomies and my include the following:" to read "Coverage of breast reconstructive surgery is mandated when 'in connection with' medically necessary mastectomies and may include the following:" ▪ In Item I, A, removed "and" between "nipple grafting and implant" to read "…muscle flaps, nipple grafting, implant insertion…" ▪ In Item I, A, added ",tissue expander placement, fat grafting, and placement of AlloDerm" ▪ Removed Item I, C, "Revision or removal of pre-existing breast implants (which may be considered inclusive to other procedures)." ▪ In Item II, revised policy statement, "Removal and/or replacement of breast implant from a medically necessary mastectomy may be covered for any of the following complications:" to read "Revision, removal, or replacement of breast implants from a medically necessary mastectomy may be covered for any of the following when contract requirements are met:" ▪ In Item II, A, added "Failure, exposure or extrusion," to read "Implant rupture, failure, exposure or extrusion, or" ▪ In Item II, B, removed "of the implant or surrounding tissue" ▪ In Item II, B, inserted "or inflammatory reaction to a breast prosthesis including siliconoma, granuloma, or painful capsular contracture with disfigurement" to read

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REVISIONS	
	"Infection or inflammatory reaction to a breast prosthesis including siliconoma, granuloma, or painful capsular contracture with disfigurement" ▪ Item II, C was incorporated into Item II, A. ▪ In Item III, removed "Reconstructive and related services that are performed on structures of the body to improve/restore impairments of bodily function resulting from disease, trauma, congenital or developmental anomalies, or previous therapeutic processes." ▪ In Item III, inserted "Services provided directly for or relative to cosmetic surgery or reconstructive surgery [of the breast are not covered] expect when the surgical procedure is one of the following: a. Cosmetic or reconstructive repair of an Accidental Injury. b. Reconstructive breast surgery in connection with a Medically Necessary mastectomy that resulted from a medical illness or injury. This includes reconstructive surgery on a breast on which a mastectomy was not performed to produce a symmetrical appearance. d. Reconstructive and related services that are performed on structures of the body to improve/restore impairments of bodily function resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes." ▪ In Policy Guidelines, Item 1, removed "The term mastectomy includes partial mastectomies but not lumpectomies" and inserted "Mastectomy includes breast removal which is partial (described as lumpectomy, quadrantectomy, tylectomy, or segmentectomy), simple, modified radical, or radical. This would not necessarily include small defects resulting from excision of small tumors, excision of cysts, biopsies (open, core, or needle), or removal of aberrant breast tissue, duct, nipple and areolar lesions." ▪ In the Policy Guidelines, removed Item 2, "The final stage in breast reconstructive surgery after a medically necessary mastectomy is nipple/areola reconstruction (when desired)."
12-11-2013	In Policy section: ▪ In Item B, inserted "mastectomy" to read "Reconstruction of the contralateral breast to achieve symmetry with reduction mammoplasty, augmentation mammaplasty with implants, mastopexy, or mastectomy."
	In Coding section: ▪ Added ICD-10 Diagnosis *(Effective October 1, 2014)*
	Updated Reference section.
07-08-2015	In Coding section: ▪ Updated ICD-10 Diagnoses *(Effective October 1, 2015)*
	Remainder of policy reviewed; no changes made.
11-01-2016	In Coding section: ▪ Added CPT code: 19371
	Remainder of policy reviewed; no changes made.
02-15-2018	Under title of policy added "See Also: ▪Bio-Engineered Skin and Soft Tissue Substitutes medical policy"
	In Policy section: ▪ In Item A 1, removed "Allograft" and added "an approved tissue replacement product" to read, "Reconstructive surgery of the affected breast, including soft tissue rearrangement, breast reduction, muscle flaps, nipple grafting, implant insertion, tissue expander placement, fat grafting, and placement of an approved tissue replacement product."
	In Coding section:

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REVISIONS	
	▪ Revision of nomenclature to CPT code: 19361. ▪ Removed ICD-9 codes.
	Updated References section.
01-16-2019	Medical policy reviewed; no revisions made.
01-13-2021	In Policy Section: 1. Added Textured implants, which have been identified in a FDA market withdrawal and are the source of persistent symptoms of pain, lumps, swelling or asymmetry after surgical incision healing.
03-18-2021	In Coding section: ▪ Removed CPT codes 19324 and 19366
09-22-2021	In Coding section: ▪ Added CPT codes 15771 and 15772
06-01-2022	Medical Policy reviewed with no revisions made
10-02-2023	Medical Policy reviewed with no revisions made
07-23-2024	Updated Policy Section ▪ Section C Removed: Services provided directly for or relative to cosmetic surgery or reconstructive surgery [of the breast are not covered] except when the surgical procedure is one of the following: 1. Cosmetic or reconstructive repair of an Accidental Injury. 2. Reconstructive breast surgery in connection with a Medically Necessary mastectomy that resulted from a medical illness or injury. This includes reconstructive surgery on a breast on which a mastectomy was not performed to produce a symmetrical appearance. 3. Reconstructive and related services that are performed on structures of the body to improve / restore impairments of bodily function resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes." ▪ Section C Added: "members" "Breast reconstructive surgery may be covered under other provisions of the reconstructive surgery section of the member's contract."
07-08-2025	Medical policy reviewed with no revisions made.
08-11-2026	Medical policy reviewed with no revisions made.

REFERENCES

1. BCBSKS Contract Language.
2. Surgery of cosmetic sequelae after breast-conserving therapy. Regaño S, Hernanz F, Arruabarrena A, Vega A. Breast J. 2010 Jul-Aug; 16(4):389-93. Epub 2010 Apr 21.
3. AMR consultant (lumpectomies) 8/3/2011
4. AMR consultant 8/25/2011
5. Janevicius, Raymond, MD. *Partial mastectomy defect reconstruction requires coding accuracy.* CPT Corner. Plastic Surgery News, September 2009.
6. AMR consultant (partial mastectomies and lumpectomies) 6/21/2012.
7. AMR consultant (WHCRA Mandate) 9/12/2012.

OTHER REFERENCES

1. Blue Cross and Blue Shield of Kansas Surgery Liaison Committee, CB, September 2012.
2. Blue Cross and Blue Shield of Kansas Surgery Liaison Committee, August 2013; August 2014; February 2016; May 2017; July 2021, May 2023.

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