

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Breast Reconstruction and Applicable Mandates

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	9/1/2004	Policy Last Updated:	5/1/2012
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

**NOTE: This policy is to document services that are potentially covered under the Federal and RI State mandates as post-mastectomy services.**

### Description:

Reconstructive breast surgery is defined as surgical procedures that are designed to restore the normal appearance of the breast after surgery, accidental injury, or trauma.

Breast reconstruction surgery may be based on the treatment a patient receives or the extent of surgery performed. The reconstructive surgery may be performed in a single stage or several stages/phases and either during and/or after the initial surgical procedure.

Reconstruction may include, but is not limited to:

- Insertion of prosthetic implants;
- Extensive flap reconstruction (e.g., transverse rectus abdominus ocutaneous/TRAM flap, latissimus dorsi flap);
- Revision of a previously reconstructed breast;
- Nipple/areola reconstruction and tattooing; and/or
- Surgery for symmetry of the contralateral (opposite) breast.

The Women's Health and Cancer Rights Act (WHCRA) of 1998, a federal mandate, mandated coverage of reconstructive surgery following mastectomy for all health plans that provide medical and surgical benefits.

The State of Rhode Island General Law 27-20-29 (see below for full text of RIGL 27-20-29) mandates coverage under all contracts that provide medical, major medical, or similar comprehensive-type coverage for:

- All stages of breast reconstruction of the breast on which the mastectomy has been performed; and
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment of physical complications, including lymphedemas at all stages of mastectomy
- No time restriction for initiation of the reconstructive procedures.

**"RIGL 27-20-29 Mastectomy treatment.** – (a) All individual or group health insurance coverage and health benefit plans delivered, issued for delivery or renewed in this state on or after January 1, 2005,

which provides medical and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in the individual market or covered by a group health plan coverage for:

- I. Reconstruction of the breast on which the mastectomy has been performed;
- II. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- III. Prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy; in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions applied to the mastectomy and consistent with those established for other benefits under the plan or coverage. As used in this section, "mastectomy" means the removal of all or part of a breast. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

(b) Notice. A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the United States Secretary of Health and Human Services. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted as part of any yearly informational packet sent to the participant or beneficiary.

(c) As used in this section, "prosthetic devices" means and includes the provision of initial and subsequent prosthetic devices pursuant to an order of the patient's physician or surgeon.

(d) Nothing in this section shall be construed to require an individual or group policy to cover the surgical procedure known as mastectomy or to prevent the application of deductible or copayment provisions contained in the policy or plan, nor shall this section be construed to require that coverage under an individual or group policy be extended to any other procedures.

(e) Nothing in this section shall be construed to prevent a group health plan or a health insurance carrier offering health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.

(f) Nothing in this section shall preclude the conducting of managed care reviews and medical necessity reviews by an insurer, hospital or medical service corporation or health maintenance organization.

(g) Prohibitions. A group health plan and a health insurance carrier offering group or individual health insurance coverage may not:

- (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section; nor
- (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or provide incentives (monetary or otherwise) to an attending provider, to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section."

**RIGL 27-20-29.1 Insurance coverage for mastectomy hospital stays.** – (a) The Rhode Island General Assembly recognizes that breast cancer is a unique illness with both a physical and emotional impact on patients. Every individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state shall provide coverage for a minimum forty-eight (48) hour time period in a hospital after the surgical procedures known as a mastectomy, and a minimum twenty-four (24) hours after an axillary node dissection. Any decision to shorten this minimum coverage shall be made by the attending physician in consultation with and upon agreement by the patient. If the patient participates in an early discharge, defined as in-patient care following a mastectomy that is less than forty-eight hours and in-patient care following an axillary node dissection that is less than twenty-four (24) hours, coverage shall include a minimum of one home visit conducted by a physician or registered nurse.

(b) Any subscriber who is aggrieved by a denial of benefits to be provided under this section may appeal the denial in accordance with regulations of the department of health, which have been promulgated pursuant to chapter 23 of title 17.12. No policy or plan covered under this chapter shall terminate the

services, reduce capitation payment, or penalize an attending physician or other health care provider who orders care consistent with the provisions of this section.

(c) All plans subject to this section shall provide notice to each enrollee:

- (1) In the next mass mailing made by the plan to the employee; or
- (2) As part of any informational packet sent to the enrollee.

**Medical Criteria:**

This is an administrative policy to document breast reconstruction and related mandates.

**Policy:**

The following procedures are covered:

- All stages of breast reconstruction following a mastectomy including, but not limited to
  - I. Breast implants;
  - II. Flap reconstruction;
  - III. Nipple/areolar reconstruction and tattooing
  - IV. Surgery for symmetry of the contralateral (opposite) breast;
  - V. Revision of previously reconstructed breast;
- Basic breast prosthetic(s) and mastectomy bras; (See "Breast Prosthesis and Mastectomy Bras" policy);
- Treatment of physical complications of mastectomy, including lymphedema.
- Suction-assisted lipectomy or ultrasonic-assisted liposuction is considered a covered breast reconstruction procedure for use in the second or subsequent stage sculpturing of the breast mound following breast reconstruction using a flap method. All other uses of liposuction contouring are considered cosmetic, including abdominal liposuction in donor sites of grafts/flaps.
- Tattooing of the nipple/areola as part of breast reconstruction (CPT codes 11920, 11921, 11922) is covered when performed by a physician or tattoo artist. Members who choose to have services provided by a tattoo artist need to complete the special handling form below, attach a copy of the invoice for the tattoo services, and mail the completed form to the address on the bottom on the form. If additional assistance is required, the member should contact BCBSRI Customer Service.



Special-Handling-Claim-Form-sch-12609.pdf

**Coverage:**

Benefits may vary between groups/contracts. Please refer to individual's member agreement/subscriber agreement for applicable surgery, durable medical equipment, and physical therapy benefits/coverage.

**Codes:**

**The following codes require review to determine if covered by the mandate or not covered as a contract exclusion:**

11920 11921 11922 15877 19316

**The following codes, when submitted without a cancer diagnosis code, require review to determine if potentially cosmetic or not covered as a contract exclusion. Please refer to the attached spreadsheet below for the list of cancer diagnosis codes:**

19324 19325 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19370  
19371 19380 19396

**This code follows the unlisted procedure process:**

19499

**The following code is considered a contract exclusion and is noncovered:**

19355

**The following surgical procedures/codes can be identified as a "mastectomy" for the purposes of Breast Reconstruction benefits in accordance with the WHCRA and are covered services:**

19100 19101 19102 19103 19110 19112 19120 19125 19126 19260 19271 19272 19290 19291 19295  
19301 19302 19303 19304 19305 19306 19307

**The following codes are covered without review.**

(See Breast Prostheses and Mastectomy Bra policy for additional information.)

L8000 Breast prosthesis, mastectomy bra  
L8001 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral  
L8002 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral  
L8010 Breast prosthesis, mastectomy sleeve  
L8015 External breast prosthesis garment, with mastectomy form, post mastectomy  
L8020 Breast prosthesis, mastectomy form  
L8030 Breast prosthesis, silicone or equal  
L8031 Breast prosthesis, silicone or equal, with integral adhesive  
L8032 Nipple prosthesis, reusable, any type, each  
L8035 Custom breast prosthesis, post mastectomy, molded to patient model  
L8039 Breast prosthesis, not otherwise specified  
L8600 Implantable breast prosthesis, silicone or equal  
S8460 Camisole, post-mastectomy

**Related Topics:**

Lymphedema Pumps  
Combined Decongestive Therapy  
Breast Prosthesis and Mastectomy Bras  
Breast Implant Removal

**Published:**

Policy Update, Jul 2006  
Provider Update, May 2008  
Provider Update, Apr 2009  
Provider Update, Apr 2010  
Provider Update, Mar 2011  
Provider Update, Jul 2012

**References:**

American Cancer Society. Breast reconstruction after mastectomy. Cancer Reference Information. 2004 Aug 23 [<http://www.cancer.org>] accessed 01/04/05.

BlueCross BlueShield Association. Reconstructive breast surgery/ management of breast implants. Medical Policy Reference Manual Policy #7.01.22. 2003 Jul 17.

Rhode Island General Laws: 27-20-29, Revised 2004

United States 105th Congress. Women's health and cancer rights act of 1998. H.R.616. [<http://thomas.loc.gov/cgi-bin/query/C?c105:./temp/~c105M8YRB1>].

**This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.**