

Medical Coverage Policy | Breast Reconstruction and Applicable Mandates



EFFECTIVE DATE: 09/01/2004
POLICY LAST UPDATED: 06/05/2013

OVERVIEW

This policy is to document surgical services that are covered under the Federal and RI State mandates as post-mastectomy services. Other services noted in mandate are covered in other individual policies listed below. 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.

PRIOR AUTHORIZATION

Prior authorization review is not required. CPT Codes 19324 -19396 listed below require authorization review to determine if potentially cosmetic, when submitted without a cancer diagnosis code.

POLICY STATEMENT

For all products

The following procedures are covered under the Federal and RI state mandates for post mastectomy services:

- o All stages of breast reconstruction following a mastectomy or lumpectomy including, but not limited to
 - o Breast implants;
 - o Flap reconstruction;
 - o Nipple/areolar reconstruction and tattooing
 - o Surgery for symmetry of the contralateral (opposite) breast;
 - o Revision of previously reconstructed breast;
- o Basic breast prosthetic(s) and mastectomy bras; (See "Breast Prosthesis and Mastectomy Bras" policy);
- o Treatment of physical complications of mastectomy, including lymphedema. (See Lymphedema pumps and Combined Decongestive Therapy)
- o Suction-assisted lipectomy
- o ultrasonic-assisted liposuction
- o second or subsequent stage sculpturing
- o 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.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

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:

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

"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:

*Reconstruction of the breast on which the mastectomy has been performed;
Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
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.

COVERAGE

BlueCHiP for Medicare | Commercial

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.

CODING

The following codes require review to determine if covered by the mandate or excluded from coverage 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 therefore; excluded from coverage 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

The following code is not covered as a contract exclusion:

19355

List of ICD9 cancer diagnosis codes 2013:

174.0	174.1	174.2	174.3	174.4	174.5	174.6
174.8	174.9	175.0	175.9	198.81	233.0	V10.3
V16.3	V51.0					

List of ICD10 cancer diagnosis codes 2013

C50.011	C50.012	C50.019	C50.111	C50.112	C50.119	C50.211	C50.212	C50.219	C50.311	C50.312	C50.319	C50.411	C50.412	C50.419	C50.511	C50.512
C50.519	C50.611	C50.612	C50.619	C50.811	C50.812	C50.819	C50.919	C50.021	C50.022	C50.029	C50.121	C50.122	C50.129	C50.221	C50.222	C50.229
C50.321	C50.322	C50.329	C50.421	C50.422	C50.429	C50.521	C50.522	C50.529	C50.621	C50.622	C50.629	C50.821	C50.822	C50.829	C50.921	C50.922
C50.929	C79.81	D05.00	D05.01	D05.02	D05.10	D05.11	D05.12	D05.80	D05.81	D05.82	D05.90	D05.91	D05.92	Z85.3	Z80.3	Z42.1

RELATED POLICIES

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

PUBLISHED

Provider Update Oct 2013
 Provider Update Jul 2012
 Provider Update Mar 2011
 Provider Update Apr 2010
 Provider Update Apr 2009
 Provider Update May 2008
 Policy Update Jul 2006

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

S. 2330 (105th): Patients' Bill of Rights Act 105th Congress, 1997–1998. Text as of Jul 20, 1998 (Placed on Calendar in the Senate). [<http://www.govtrack.us/congress/bills/105/s2330/text>]

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