GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Breast reconstruction usually follows breast surgery in order to create a simulated breast, specifically attempting to match a normal breast. Surgery on the contralateral breast may be required to achieve bilateral symmetry. The reconstruction may be performed immediately following surgery, or may be delayed for weeks or years until after the patient undergoes radiation, chemotherapy, or determines whether they want breast reconstruction. The surgery usually necessitates two stages; the first stage is for the reconstruction of the breast, the second stage is for reconstruction of the nipple and areola.

Surgical procedures that are performed to establish symmetry can include, breast reduction, breast augmentation with an FDA-approved breast implant, and/or areola-with-nipple reconstruction and nipple-area tattooing. Breast reconstruction after mastectomy has evolved over the last century to become an integral component of therapy for patients with breast cancer. The breast can be reconstructed in conjunction with mastectomy using breast implants, autologous tissue (i.e., flaps), or a combination of the two (e.g., latissimus/implant composite reconstructions).

POLICY
Breast Reconstruction Services do not require prior authorization if reported with the pre-selected cancer diagnoses as listed below.

Procedures S2066, S2067, and S2068 are non-covered for Elite & Advantage.

Intraoperative assessment of tissue perfusion by any technology including, but not limited to the Spy Elite System (C9733, 76499) (near-infrared angiography with indocyanine green) does not warrant separate reimbursement.

The specific medical indications in which Paramount will allow breast reconstruction services are enumerated in the following table and do not require a prior authorization if done within the Paramount Provider Network:

<table>
<thead>
<tr>
<th>PROCEDURE CODE</th>
<th>DIAGNOSIS CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396</td>
<td>174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.7, 174.8, 174.9, 175.0, 175.9, 198.81, 233.0, 238.3, V10.3</td>
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<td>(ICD-10-CM CODE; EFFECTIVE 10/01/2015: C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C79.81, D05.03, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D48.60, D48.61, D48.62, Z85.3)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Services</td>
<td>S2066, S2067, S2068</td>
</tr>
<tr>
<td>Covered for HMO, PPO, Individual Marketplace only</td>
<td></td>
</tr>
</tbody>
</table>

Breast Reconstructive Services that will be reimbursed
WITHOUT PRIOR AUTHORIZATION

The predetermined cancer diagnosis must be reported in the first position on the claim form.

The following diagnoses were added to specifically allow facility claims to process the cancer related facility claims: V45.71, V51.0, 611.81, 611.83, 611.89, 612.0, 612.1, 996.54 and 996.79

<table>
<thead>
<tr>
<th>PROCEDURE CODE</th>
<th>DIAGNOSIS CODE</th>
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</thead>
<tbody>
<tr>
<td>(ICD-10-CM CODE; EFFECTIVE 10/01/2015: N64.81, N64.89, N65.0, N65.1, T85.41xA, T85.42xA, T85.43xA, T85.44xA, T85.45xA, T85.46xA, T85.47xA, T85.48xA, T85.49xA, T85.81xA, T85.82xA, T85.83xA, T85.84xA, T85.85xA, T85.86xA, T85.89xA, T86.848, T86.849, Z42.1, Z90.10, Z90.11, Z90.12, Z90.13)</td>
<td></td>
</tr>
</tbody>
</table>
HMO, PPO, Individual Marketplace, Elite, Advantage

In accordance with the Women's Health and Cancer Right's Act of 1998, a breast reconstruction procedure will be allowed by Paramount under the following circumstances:

- When performed as a breast reconstruction procedure following or in connection with mastectomy.
- Breast conservation therapy (BCT) or other diagnostic procedures causing deformity of the breast.
- In connection with breast cancer, evaluation of breast cancer or suspected breast cancer.

Poland’s Syndrome is a very rare condition in which breast reconstruction may be considered medically necessary. This is a single exception to the member appeal of breast reconstruction. Procedures 21740, 21742, and/or 21743 are more commonly reported for the correction of this defect in coordination with the breast reconstruction. However, the chest wall repair is the primary underlying treatment. If there is no chest wall involvement the breast reconstruction related to this syndrome remains denied as cosmetic. Surgical treatment for Poland syndrome is supported when any of the following applies:

- There is documented functional impairment (i.e., decreased cardiac output and/or abnormal pulmonary function during exercise
- Future cardiovascular compromise is anticipated
- There is medical record documentation of signs or symptoms that impair the patient’s ability to participate in usual activities, such as shortness of breath (dyspnea) at rest or on exertion
- There is arrhythmia or clinical stigmata of decreased cardiac output
- Rib formation is absent
- The procedure is expected to correct the functional impairment

Supplemental Breast Reconstructive Services

Some breast reconstruction requires extensive efforts. Additional services may be required to improve the outcome for the patient. These services follow the same diagnosis guidelines and will be considered cosmetic if the appropriate medical diagnosis is not reported.

During some reconstructions, a patient may require multiple surgical sessions in which tissue expanders may be utilized to improve the outcome. Procedures 11970 and 11971 may be required and supported by the medical diagnoses as listed above.

Tattoo services can include the tattooing required for the nipple reconstruction. Procedures 11920, 11921 and 11922 are considered covered with certain medical diagnoses as listed above. Without these diagnoses, these services will always be denied cosmetic for all members.

Breast Implant

The implant (L8600) should never be reported by the physician, but only by the facility as it is not included in a facility charge in plans still reimbursed by the grouper methodology payment. For those facilities who are reimbursed under the OPPS fee schedule payment methodology, this item is bundled into the reimbursement and is never considered a separate reimbursed item. Facility reimbursement for Advantage members is still allowed as separate services and supplies.

Additional Breast Reconstructive Services

Procedures S2066, S2067, and S2068 are not covered for Elite & Advantage.

Procedure 19366 will be appropriately reimbursed when medical criteria and guidelines have been met.

Intraoperative assessment of tissue perfusion by any technology including, but not limited to the Spy Elite System (C9733, 76499) (near-infrared angiography with indocyanine green) is considered integral to the primary procedure and not separately reimbursable.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11920</td>
<td>Intradermal tattooing; 6sq cm or less</td>
</tr>
<tr>
<td>11921</td>
<td>Intradermal tattooing; 6.1 to 20sq cm</td>
</tr>
<tr>
<td>11922</td>
<td>Intradermal tattooing; each additional 20sq cm or part thereof</td>
</tr>
</tbody>
</table>
11970 Replacement of tissue expander with permanent prosthesis
11971 Removal of tissue expander(s) without insertion of prosthesis
19316 Mastopexy
19318 Reduction mammoplasty
19324 Augmentation mammoplasty without prosthetic implant
19325 Augmentation mammoplasty with prosthetic implant
19328 Removal of intact mammary implant
19330 Removal of intact 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
19355 Correction of inverted nipples
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
19366 Breast reconstruction with other technique
19367 Breast reconstruction with transverse rectus abdominis myocutaneous (tram), single pedicle, including closure of the donor site
19368 Breast reconstruction with transverse rectus abdominis myocutaneous (tram), single pedicle with microvascular anastomosis (supercharging)
19369 Breast reconstruction with transverse rectus abdominis myocutaneous (tram), double pedicle, including closure of the donor site
19370 Open periprosthetic breast capsulectomy
19371 Periprosthetic breast capsulectomy
19380 Revision of reconstructed breast
19396 Preparation of moulage for custom breast implant
21740 Reconstructive repair of pectus excavatum or carinatum; open
21742 Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss Procedure), without thoracoscopy
21743 Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss Procedure), with thoracoscopy
76499 Unlisted diagnostic radiographic procedure

HCPCS CODES
C9733 Non-ophthalmic fluorescent vascular angiography
L8600 Implantable breast prosthesis, silicone or equal
S2066 Breast reconstruction with gluteal artery perforator (gap) flap, inc harvesting of flap, microvascular transfer, closure of donor site/shaping the flap into breast, unilateral
S2067 Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (gap) flap(s), inc harvesting of flap(s), microvascular transfer, closure of donor site(s)/shaping flap into breast, unilateral
S2068 Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

ICD-9 CODES
174.0 Malignant neoplasm of nipple and areola of female breast
174.1 Malignant neoplasm of central portion of female breast
174.2 Malignant neoplasm of upper-inner quadrant of female breast
174.3 Malignant neoplasm of lower-inner quadrant of female breast
174.4 Malignant neoplasm of upper-outer quadrant of female breast
174.5 Malignant neoplasm of lower-outer quadrant of female breast
174.6 Malignant neoplasm of axillary tail of female breast
174.8 Malignant neoplasm of other specified sites of female breast
174.9 Malignant neoplasm of breast (female), unspecified
175.0 Malignant neoplasm of nipple and areola of male breast
175.9 Malignant neoplasm of other and unspecified sites of male breast
198.81 Secondary malignant neoplasm of breast
233.0 Carcinoma in situ of breast
238.3 Neoplasm of uncertain behavior of breast
611.81 Ptsis of breast
611.83 Capsular contracture of breast implant
611.89 Other specified disorders of breast
612.0 Deformity of reconstructed breast
612.1 Disproportion of reconstructed breast
996.54 Mechanical complication due to breast prosthesis
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>996.79</td>
<td>Other complications due to other internal prosthetic device, implant, and graft</td>
</tr>
<tr>
<td>V10.3</td>
<td>Personal history of malignant neoplasm of breast</td>
</tr>
<tr>
<td>V45.71</td>
<td>Acquired absence of breast and nipple</td>
</tr>
<tr>
<td>V50.41</td>
<td>Prophylactic breast removal</td>
</tr>
<tr>
<td>V51.0</td>
<td>Encounter for breast reconstruction following mastectomy</td>
</tr>
</tbody>
</table>

**ICD-10-CM CODES; EFFECTIVE 10/01/2015**

- C50.011 Malignant neoplasm of nipple and areola, right female breast
- C50.012 Malignant neoplasm of nipple and areola, left female breast
- C50.019 Malignant neoplasm of nipple and areola, unspecified female breast
- C50.021 Malignant neoplasm of nipple and areola, right male breast
- C50.022 Malignant neoplasm of nipple and areola, left male breast
- C50.029 Malignant neoplasm of nipple and areola, unspecified male breast
- C50.111 Malignant neoplasm of central portion of right female breast
- C50.112 Malignant neoplasm of central portion of left female breast
- C50.119 Malignant neoplasm of central portion of unspecified female breast
- C50.121 Malignant neoplasm of central portion of right male breast
- C50.122 Malignant neoplasm of central portion of left male breast
- C50.129 Malignant neoplasm of central portion of unspecified male breast
- C50.211 Malignant neoplasm of upper-inner quadrant of right female breast
- C50.212 Malignant neoplasm of upper-inner quadrant of left female breast
- C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast
- C50.221 Malignant neoplasm of upper-inner quadrant of right male breast
- C50.222 Malignant neoplasm of upper-inner quadrant of left male breast
- C50.229 Malignant neoplasm of upper-inner quadrant of unspecified male breast
- C50.311 Malignant neoplasm of lower-inner quadrant of right female breast
- C50.312 Malignant neoplasm of lower-inner quadrant of left female breast
- C50.319 Malignant neoplasm of lower-inner quadrant of unspecified female breast
- C50.321 Malignant neoplasm of lower-inner quadrant of right male breast
- C50.322 Malignant neoplasm of lower-inner quadrant of left male breast
- C50.329 Malignant neoplasm of lower-inner quadrant of unspecified male breast
- C50.411 Malignant neoplasm of upper-outer quadrant of right female breast
- C50.412 Malignant neoplasm of upper-outer quadrant of left female breast
- C50.419 Malignant neoplasm of upper-outer quadrant of unspecified female breast
- C50.421 Malignant neoplasm of upper-outer quadrant of right male breast
- C50.422 Malignant neoplasm of upper-outer quadrant of left male breast
- C50.429 Malignant neoplasm of upper-outer quadrant of unspecified male breast
- C50.511 Malignant neoplasm of lower-outer quadrant of right female breast
- C50.512 Malignant neoplasm of lower-outer quadrant of left female breast
- C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast
- C50.521 Malignant neoplasm of lower-outer quadrant of right male breast
- C50.522 Malignant neoplasm of lower-outer quadrant of left male breast
- C50.529 Malignant neoplasm of lower-outer quadrant of unspecified male breast
- C50.611 Malignant neoplasm of axillary tail of right female breast
- C50.612 Malignant neoplasm of axillary tail of left female breast
- C50.619 Malignant neoplasm of axillary tail of unspecified female breast
- C50.621 Malignant neoplasm of axillary tail of right male breast
- C50.622 Malignant neoplasm of axillary tail of left male breast
- C50.629 Malignant neoplasm of axillary tail of unspecified male breast
- C50.811 Malignant neoplasm of overlapping sites of right female breast
- C50.812 Malignant neoplasm of overlapping sites of left female breast
- C50.819 Malignant neoplasm of overlapping sites of unspecified female breast
- C50.821 Malignant neoplasm of overlapping sites of right male breast
- C50.822 Malignant neoplasm of overlapping sites of left male breast
- C50.829 Malignant neoplasm of overlapping sites of unspecified male breast
- C50.911 Malignant neoplasm of unspecified site of right female breast
- C50.912 Malignant neoplasm of unspecified site of left female breast
- C50.919 Malignant neoplasm of unspecified site of unspecified female breast
- C50.921 Malignant neoplasm of unspecified site of right male breast
- C50.922 Malignant neoplasm of unspecified site of left male breast
- C50.929 Malignant neoplasm of unspecified site of unspecified male breast
- C79.81 Secondary malignant neoplasm of breast
- D05.00 Lobular carcinoma in situ of unspecified breast
<table>
<thead>
<tr>
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<th>Description</th>
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<tr>
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<td>Lobular carcinoma in situ of right breast</td>
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<tr>
<td>D05.02</td>
<td>Lobular carcinoma in situ of left breast</td>
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<tr>
<td>D05.10</td>
<td>Intraductal carcinoma in situ of unspecified breast</td>
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<tr>
<td>D05.11</td>
<td>Intraductal carcinoma in situ of right breast</td>
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<tr>
<td>D05.12</td>
<td>Intraductal carcinoma in situ of left breast</td>
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<tr>
<td>D05.80</td>
<td>Other specified type of carcinoma in situ of unspecified breast</td>
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<tr>
<td>D05.81</td>
<td>Other specified type of carcinoma in situ of right breast</td>
</tr>
<tr>
<td>D05.82</td>
<td>Other specified type of carcinoma in situ of left breast</td>
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<tr>
<td>D05.90</td>
<td>Unspecified type of carcinoma in situ of unspecified breast</td>
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<tr>
<td>D05.91</td>
<td>Unspecified type of carcinoma in situ of right breast</td>
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<td>D05.92</td>
<td>Unspecified type of carcinoma in situ of left breast</td>
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<tr>
<td>D48.60</td>
<td>Neoplasm of uncertain behavior of unspecified breast</td>
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<td>D48.61</td>
<td>Neoplasm of uncertain behavior of right breast</td>
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<td>D48.62</td>
<td>Neoplasm of uncertain behavior of left breast</td>
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<tr>
<td>N64.89</td>
<td>Other specified disorders of breast</td>
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<td>N65.0</td>
<td>Deformity of reconstructed breast</td>
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<td>N65.1</td>
<td>Disproportion of reconstructed breast</td>
</tr>
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<td>Breakdown (mechanical) of breast prosthesis and implant, initial encounter</td>
</tr>
<tr>
<td>T85.42x</td>
<td>Displacement of breast prosthesis and implant, initial encounter</td>
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<tr>
<td>T85.43x</td>
<td>Leakage of breast prosthesis and implant, initial encounter</td>
</tr>
<tr>
<td>T85.44x</td>
<td>Capsular contracture of breast implant, initial encounter</td>
</tr>
<tr>
<td>T85.49x</td>
<td>Other mechanical complication of breast prosthesis and implant, initial encounter</td>
</tr>
<tr>
<td>T85.81x</td>
<td>Embolism due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<tr>
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<td>Fibrosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<td>T85.83x</td>
<td>Hemorrhage due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<td>T85.84x</td>
<td>Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<td>Other complications of corneal transplant</td>
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<tr>
<td>T86.849</td>
<td>Unspecified complication of corneal transplant</td>
</tr>
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<td>Z40.01</td>
<td>Encounter for prophylactic removal of breast</td>
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<tr>
<td>Z42.1</td>
<td>Encounter for breast reconstruction following mastectomy</td>
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<tr>
<td>Z85.3</td>
<td>Personal history of malignant neoplasm of breast</td>
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<td>Z90.10</td>
<td>Acquired absence of unspecified breast and nipple</td>
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<tr>
<td>Z90.11</td>
<td>Acquired absence of right breast and nipple</td>
</tr>
<tr>
<td>Z90.12</td>
<td>Acquired absence of left breast and nipple</td>
</tr>
<tr>
<td>Z90.13</td>
<td>Acquired absence of bilateral breasts and nipples</td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 06/18/2015, 02/26/2016

**REVISION HISTORY EXPLANATION**
08/01/09: Updated verbiage
12/10/13: Policy revised so only pertains to Breast Reconstruction. Removed ICD-9 procedure codes 85.31, 85.32, 85.50, 85.51, 85.52, 85.53, 85.54, 85.6, 85.70, 85.71, 85.72, 85.73, 85.79, 85.84, 85.85, 85.86, 85.87, 85.89, 85.93, 85.95, 85.96. ICD-10 Codes added from ICD-9 conversion. Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.
06/18/15: Added codes C9733 & 76499. Policy reviewed and updated to reflect most current clinical evidence per TAWG.
02/26/16: Removed code 11960. Codes S2066, S2067, and S2068 are now covered without prior authorization for HMO, PPO, & Individual Marketplace and 11922 is now covered for all product lines. Policy reviewed and updated to reflect most current clinical evidence per TAWG.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://fs.ohio.gov/](http://fs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.