SHP Breast Procedures

AUTH: SHP Surgical 10 v4 (AC)

MCG Health
Ambulatory Care
26th Edition

Link to Codes

Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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- Breast Reduction is surgery performed to reduce the size of an individual’s breast by removing skin and breast tissue.
- Partial Breast Surgery (e.g., Lumpectomy, breast - conserving surgery or Partial mastectomy) removes the entire tumor and a small amount of surrounding tissue.
- Complete mastectomy (e.g., Risk reduction mastectomy (RRM) or Prophylactic) - is the surgical removal of all breast tissue from one (unilateral) both (bilateral) breasts at a time when there is no known breast cancer but breast tissue may become cancerous.
    - A first-degree relative is defined as a close blood relative which includes the individual's parents, full siblings, or children
    - A second-degree relative is defined as a blood relative which includes the individual's grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings
    - A third-degree relative is defined as a blood relative which includes the individual’s first-cousins, great-grandparents or great-grandchildren
    - Bilateral is defined as the removal of both breasts at the same time.
    - Contralateral is defined as the removal of the opposite or undiagnosed (healthy) breast also.
- Breast reconstruction consists of the surgical processes to restore and rebuild the normal contour of the breast after medical interventions.
- Types of flap procedures:
    - fTRAM - free transverse rectus abdominis myocutaneous
    - DIEP - deep inferior epigastric perforator
    - SIEA - superficial inferior epigastric perforator (artery) – muscle sparing
    - GAP flap – gluteal artery perforator
- Areola repigmentation/areola tattooing, also called medical micropigmentation is the process of tattooing pigment into the breast to recreate the areola or nipple lost to previous medical intervention.
- Breast implants removal or replacement involves either removing or replacing a prosthetic made of a flexible sac (containing saline or silicone) that was placed either under the breast or under the breast and muscles for reconstructive or cosmetic purposes.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following breast reduction procedures as they are not shown to improve health outcomes upon technology review:
    - Mastopexy procedures are primarily cosmetic in nature
    - Reduction mammoplasty for asymptomatic members
    - The use of liposuction (suction lipectomy or ultrasonically-assisted suction lipectomy) to perform breast reduction
- There is insufficient scientific evidence to support the medical necessity of the following for breast implant removal or replacement as they are not shown to improve health outcomes upon technology review:
    - Prophylactic removal of INTACT silicone implants
    - Replacement is for cosmetic reasons

- Removal of ruptured saline-filled breast implants for individuals who have previously undergone cosmetic breast augmentation mammoplasty
- Removal of silicone implants for autoimmune disease (unless individual meets one of the clinical indications for the procedure listed below)
- IgG testing in connection with silicone implants (the development of IgG antibodies is neither specific to silicone implants nor indicative of autoimmune disorders)
- Removal of implant due to personal anxiety
- Removal and replacement of implant due to pain not related to contractures or rupture

- There is insufficient scientific evidence to support the medical necessity of nerve reimplantation or nerve repair in conjunction with reconstructive breast surgery as it is not shown to improve health outcomes upon technology review.
- There is insufficient scientific evidence to support the medical necessity of ARTIA Reconstructive Tissue Matrix as it is not shown to improve health outcomes upon technology review.
- There is insufficient scientific evidence to support the medical necessity of breast procedures for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Breast procedures are considered medically necessary for **1 or more** of the following
  - Reduction mammaplasty may be indicated when **ALL** of the following are present:
    - Breast size interferes with activities of daily living, as indicated by **1 or more** of the following
      - Arm numbness consistent with brachial plexus compression syndrome
      - Cervical pain
      - Chronic breast pain
      - Headaches
      - Nipple position greater than 21 cm below suprasternal notch
      - Persistent redness and erythema (intertrigo) below breasts
      - Restriction of physical activity
      - Severe bra strap grooving or ulceration of shoulder
      - Shoulder pain
      - Thoracic kyphosis
      - Upper or lower back pain
    - Failure to relieve symptoms with nonsurgical treatment that includes **1 or more** of the following
      - Medically supervised weight loss program for overweight or obese patient
      - Topical and oral antifungal agents for intertrigo
      - Trial of nonsteroidal anti-inflammatory drugs to treat pain in neck, shoulder, upper or lower back, or breast
      - Wound care for skin ulceration
    - Preoperative evaluation by surgeon concludes that amount of breast tissue to be removed (by mass or volume) will provide a reasonable expectation of symptomatic relief
    - No evidence of breast cancer
  - Partial Mastectomy (Lumpectomy) is indicated for **1 or more** of the following
    - Ductal carcinoma in situ (DCIS)
    - Stage I or stage II invasive breast cancer
    - Stage IIIA (T3 N1 M0 stage grouping only) invasive breast cancer
    - Stage III (other than T3 N1 M0 stage grouping) invasive breast cancer with clinical response to neoadjuvant chemotherapy
    - Paget disease without associated cancer elsewhere in breast necessitating complete mastectomy
    - Breast cancer
    - Phyllodes tumor
    - Angiosarcoma of the breast
    - Collapse Stage IV breast cancer with surgery needed for palliation of localized breast pain, bleeding, infection, or fungation as indicated by **ALL** of the following
      - Signs and symptoms are not amenable to or not adequately controlled via other means (eg, topical or systemic therapy)
      - Individual is expected to be able to obtain significant relief from procedure (eg, most or all of symptomatic tissues can be removed)
      - Partial mastectomy is expected to be sufficient (ie, complete mastectomy not indicated)
      - Individual has sufficient estimated life expectancy so as to allow benefit from procedure (eg, life expectancy of weeks to months or longer, not days)
    - High risk family history of breast cancer with **1 or more** of the following
      - Untested first degree relative of Breast Cancer susceptibility gene (BRCA) carrier
      - Two or more first degree relatives with breast cancer
      - First degree relative with premenopausal breast cancer
      - First degree relative and other relative with breast cancer
      - Family history of both breast and ovarian cancer
      - Male relative with breast cancer
      - Risk of multigene testing for individual (man or woman) who carry or have a first degree relative who carries a genetic mutation in **1 or more** of the following
        - CDH1
        - STK11
        - TP53
        - PTEN
        - PALB2
    - Individual (man or woman) who has a genetic mutation (not a family history) for **1 or more** of the following
      - CHEK2
      - NFI
      - RAD51C
      - RAD51D
  - Complete Mastectomy (unilateral or bilateral) (also known as Risk-reduction mastectomy (RRM) is indicated for **1 or more** of the following
    - Ductal carcinoma in situ not appropriate for partial mastectomy
    - Invasive stage I or II breast cancer not appropriate for partial mastectomy

- Stage IIIA (T3 N1 M0 stage grouping only) invasive breast cancer and **1 or more** of the following
  - Stage III breast cancer not appropriate for partial mastectomy
  - Individual preference for complete mastectomy rather than partial mastectomy
- Stage III (other than T3 N1 M0 stage grouping) invasive breast cancer with clinical response to neoadjuvant chemotherapy
- Angiosarcoma of the breast
- Risk-reduction mastectomy (RRM), as indicated by **ALL** of the following
  - Significantly elevated risk of breast cancer, as indicated by **1 or more** of the following
    - Individual has BRCA1 or BRCA2 genetic mutation, Li-Fraumeni syndrome (TP53 mutation), or Cowden syndrome (PTEN mutation)
    - Lifetime risk of new breast cancer diagnosis estimated to be greater than 20% (eg, based upon models largely dependent on family history such as Claus, Tyrer-Cuzick, or BRCAPRO)
    - History of mantle chest radiation before age 30 years
  - Alternative approaches to elevated risk (chemoprophylaxis, close observation) not deemed sufficient by individual
  - At least 10-year life expectancy
- Inflammatory breast cancer with response to preoperative chemotherapy
- Breast cancer
- Paget disease without associated cancer elsewhere in breast and individual preference is for complete mastectomy rather than partial mastectomy
- Phyllodes tumor for which negative margins cannot be obtained by partial mastectomy
- Recurrence of breast cancer in breast previously treated with partial mastectomy
- Stage IV (metastatic) breast cancer with mastectomy needed for palliation of localized breast pain, bleeding, infection, or fungation as indicated by **ALL** of the following
  - Signs and symptoms not amenable to or not adequately controlled via other means (eg, topical or systemic therapy)
  - Individual is expected to be able to obtain significant relief from procedure (eg, most or all of the symptomatic tissues can be removed)
  - Individual has sufficient estimated life expectancy so as to allow benefit from procedure (eg, life expectancy of weeks to months or longer, not days)
- A skin-sparing mastectomy is considered an acceptable alternative method of performing a medically necessary prophylactic mastectomy where there is no cancer involving the skin
- A nipple-sparing mastectomy is considered an acceptable alternative of performing a medically necessary prophylactic mastectomy where there is no cancer involving the nipple-areola complex
- High risk family history of breast cancer with **1 or more** of the following
  - Untested first degree relative of Breast Cancer susceptibility gene (BRCA) carrier
  - Two or more first degree relatives with breast cancer
  - First degree relative with premenopausal breast cancer
  - First degree relative and other relative with breast cancer
  - Family history of both breast and ovarian cancer
  - Male relative with breast cancer
  - Risk of multigene testing for individual (man or woman) who carry or have a first degree relative who carries a genetic mutation in **1 or more** of the following
    - CDH1
    - STK11
    - TP53
    - PTEN
    - PALB2
- Individual (man or woman) who has a genetic mutation (not a family history) for **1 or more** of the following
  - CHEK2
  - NFI
  - RAD51C
  - RAD51D

◦ Complete mastectomy with reconstruction (insertion of breast prosthesis or tissue expander) for **1 or more** of the following
- Ductal carcinoma in situ not appropriate for partial mastectomy
- Invasive stage I or II breast cancer not appropriate for partial mastectomy
- Stage IIIA (T3 N1 M0 stage grouping only) invasive breast cancer and **1 or more** of the following
  - Stage III breast cancer not appropriate for partial mastectomy
  - Individual preference for complete mastectomy rather than partial mastectomy
- Stage III (other than T3 N1 M0 stage grouping) invasive breast cancer with clinical response to neoadjuvant chemotherapy
- Angiosarcoma of the breast
- Risk-reduction mastectomy (RRM), as indicated by **ALL** of the following
  - Significantly elevated risk of breast cancer, as indicated by **1 or more** of the following
    - Individual has BRCA1 or BRCA2 genetic mutation, Li-Fraumeni syndrome (TP53 mutation), or Cowden syndrome (PTEN mutation)
    - Lifetime risk of new breast cancer diagnosis estimated to be greater than 20% (eg, based upon models largely dependent on family history such as Claus, Tyrer-Cuzick, or BRCAPRO)
    - History of mantle chest radiation before age 30 years
  - Alternative approaches to elevated risk (chemoprophylaxis, close observation) not deemed sufficient by individual
  - At least 10-year life expectancy
- Paget disease without associated cancer elsewhere in breast and individual preference is for complete mastectomy rather than partial mastectomy
- Phyllodes tumor for which negative margins cannot be obtained by partial mastectomy
- Recurrence of breast cancer in breast previously treated with partial mastectomy
- A skin-sparing mastectomy is considered an acceptable alternative method of performing a medically necessary prophylactic mastectomy where there is no cancer involving the skin
- A nipple-sparing mastectomy is considered an acceptable alternative of performing a medically necessary prophylactic mastectomy where there is no cancer involving the nipple-areola complex
- High risk family history of breast cancer with **1 or more** of the following

- Untested first degree relative of Breast Cancer susceptibility gene (BRCA) carrier
- Two or more first degree relatives with breast cancer
- First degree relative with premenopausal breast cancer
- First degree relative and other relative with breast cancer
- Family history of both breast and ovarian cancer
- Male relative with breast cancer
- Risk of multigene testing for individual (man or woman) who carry or have a first degree relative who carries a genetic mutation in **1 or more** of the following
  - CDH1
  - STK11
  - TP53
  - PTEN
  - PALB2

▪ Individual (man or woman) who has a genetic mutation (not a family history) for **1 or more** of the following
- CHEK2
- NFI
- RAD51C
- RAD51D

◦ Breast reconstructive surgery (e.g., flap procedures) including areola repigmentation/tattooing and autologous tissue transplant is considered medically necessary for individuals for **1 or more** of the following
▪ Reconstruction post breast cancer treatment including **1 or more** of the following
- Reduction mammoplasty
- Augmentation mammoplasty with implants
- Mastopexy

▪ Reconstruction post prophylactic mastectomy (includes bilateral mastectomy)
▪ Reconstruction post removal of breast tissue for medical reasons (e.g. breast reduction and breast biopsy)
▪ Breast reconstruction with acellular dermal matrices with **ALL** of the following
- Use of FDA-approved product to include **1 or more** of the following
  - Alloderm
  - Alloderm-Select RTM
  - Alloderm RTU
  - AlloMax
  - Cortiva
  - Dermacell
  - DermaMatrix
  - FlexHD
  - NeoForm
  - Strattice
  - SurgiMend

◦ Removal or replacement of breast implants is considered medically necessary for indications of **1 or more** of the following
▪ Removal of breast implants (Silicone Gel filled, Saline filled, combination or Alternative) is considered medically necessary for individuals with **1 or more** of the following
- Breast cancer and removal of the implant is required to remove the cancer
- Recurrent breast infections
- Implant exposure/extrusion or protrusion through the skin
- Siliconoma or granuloma
- Implants causing severe pain due to Baker Class IV contracture
- Implants that interfere with diagnosis of breast cancer
- Painful capsular contracture with disfigurement
- Implants that are silicone gel filled and there is a rupture. Broken or failed implant that is either intracapsular or extracapsular
- Breast implant-associated Anaplastic large cell lymphoma (BIA-ALCL) that is related to the breast implant
- Individuals who show skin hypersensitivity-like reactions related to breast implants with **ALL** of the following
  - Individual has tried and had unsuccessful conventional treatments including but not limited to antibiotics, oral corticosteroids, and topical corticosteroids
- After breast reconstruction following a medically necessary mastectomy for indications of **1 or more** of the following
  - Baker Class III contracture
  - An extracapsular rupture of saline implant that jeopardizes the cosmetic character of the implant
- Implants that have been withdrawn from the market at the request of the Food and Drug Administration (FDA)

▪ Replacement of breast implants is considered medically necessary for individuals for indications of **1 or more** of the following
- When the implant was placed because the affected breast was originally removed due to malignancy and/or implant on contralateral breast was done for symmetry
- When the implant was placed because the breast(s) was/were removed originally due to the individual being a carrier of Breast Cancer susceptibility gene 1 (BRCA1) or Breast Cancer susceptibility gene 2 (BRCA2) mutations
- When the implant was placed because the breast(s) was/were removed originally for **1 or more** of the following
  - High risk of breast cancer because of strong family history
  - Previous cancer in one breast
  - Biopsy showing lobularcarcinoma in situ and Breast Cancer susceptibility gene (BRCA) status unknown
  - Biopsy showing atypical hyperplasia and Breast Cancer susceptibility gene (BRCA) status unknown

- Breast Reduction is **NOT COVERED** for **ANY** of the following
  - Mastopexy procedures
  - Reduction mammoplasty for asymptomatic members
  - Liposuction (suction lipectomy or ultrasonically-assisted suction lipectomy) to perform breast reduction
- Removal or replacement of breast implants are **NOT COVERED** for **ANY** of the following
  - Prophylactic removal of INTACT silicone implants
  - Replacement is for cosmetic reasons

- Removal of ruptured saline-filled breast implants for individuals who have previously undergone cosmetic breast augmentation mammoplasty
- Removal of silicone implants for autoimmune disease (unless individual meets one of the clinical indications for the procedure listed above)
- IgG testing in connection with silicone implants (the development of IgG antibodies is neither specific to silicone implants nor indicative of autoimmune disorders)
- Removal of implant due to personal anxiety
- Removal and replacement of implant due to pain not related to contractures or rupture

- Reconstruction breast surgery is **NOT COVERED** for **ANY** of the following
  - Nerve reimplantation or nerve repair
  - ARTIA Reconstructive Tissue Matrix

Document History

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- Revised Dates:
  - 2022: April, June, October
  - 2021: March, August, October, December
  - 2020: January, February, May, July, September
  - 2019: November, December
  - 2016: April, May
  - 2015: February, March, July, October
  - 2014: July, August, October, November
  - 2013: February, July, August
  - 2012: February, April, May, August, September
  - 2011: March, November
  - 2008: March, August, September
  - 2005: August
  - 2004: April, July, September, November
  - 2003: February, May, October
  - 2001: September, November
  - 1999: February, May, July, November
  - 1998: November
  - 1996: June, August
  - 1994: February
- Reviewed Dates:
  - 2021: April, June, October
  - 2020: October, December
  - 2019: April, October
  - 2018: April, May, September, November
  - 2017: January, November
  - 2016: March
  - 2015: March
  - 2014: April
  - 2013: March
  - 2012: March
  - 2011: August, September
  - 2010 March, August, September
  - 2009: March, August, September
  - 2007: June, December
  - 2005: May, July, October, November
  - 2004: May, February, September, October
  - 2003: May, June, September
  - 2002: June, September, October
  - 2001: May, September
  - 2000: March, September, October, November
  - 1999: March
  - 1998: October, November
  - 1996: June
  - 1994: February, August
- Effective Date: August 1991 (Reconstruction Breast), October 1991 (Breast Reduction), July 1992 (Breast Implant Removal or Replacement), February 1996 (Prophylactic Mastectomy)

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 11920 - Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
  - CPT 11921 - Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
  - CPT 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)
  - CPT 15771 - Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
  - CPT 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 (List separately in addition to code for primary procedure)

- CPT 15777 - Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
- CPT 19301 - Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
- CPT 19302 - Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
- CPT 19303 - Mastectomy, simple, complete
- CPT 19305 – Mastectomy, radical, including pectoral muscles, axillary lymph nodes
- CPT 19306 - Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
- CPT 19307 - Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
- CPT 19316 - Mastopexy
- CPT 19318 - Breast reduction
- CPT 19325 - Breast augmentation with implant
- CPT 19328 - Removal of intact breast implant
- CPT 19330 - Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
- CPT 19340 - Insertion of breast implant on same day of mastectomy (ie, immediate)
- CPT 19342 - Insertion or replacement of breast implant on separate day from mastectomy
- CPT 19350 - Nipple/areola reconstruction
- CPT 19355 - Correction of inverted nipples
- CPT 19357 - Tissue expander placement in breast reconstruction, including subsequent expansion(s)
- CPT 19361 - Breast reconstruction with latissimus dorsi flap
- CPT 19364 - Breast reconstruction with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
- CPT 19367 - Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
- CPT 19368 - Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
- CPT 19369 - Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
- CPT 19370 - Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
- CPT 19371 - Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
- CPT 19380 - Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
- HCPCS C9358 - Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
- HCPCS C9360 - Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters
- HCPCS Q4100 - Skin substitute, not otherwise specified
- HCPCS Q4116 - AlloDerm, per sq cm
- HCPCS Q4122 - DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm
- HCPCS Q4128 - FlexHD, AllopatchHD, or Matrix HD, per sq cm
- HCPCS Q4130 - Strattice TM, per sq cm

- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 15877 - Suction assisted lipectomy; trunk
  - CPT 64912 - Nerve repair; with nerve allograft, each nerve, first strand (cable)
  - CPT 64913 - Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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