

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 09/13/22
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/13/22
<b>Clinical Policy Document:</b> Breast Reconstruction	<b>Replaces Effective Clinical Policy Dated:</b> 03/08/22
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**PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional defect/physical impairment* are not considered *cosmetic*.

*Reconstructive* surgery is covered according to the member’s benefit plan, Minnesota Statute 62A.25, *the Women’s Health and Cancer Rights Act of 1998*, and the guidelines set forth in this policy. When the surgery is covered, eligible charges include eligible hospital, physician, laboratory, pathology, radiology and facility charges.

**GUIDELINES:**

Medical Necessity Criteria — Must satisfy any of the following: I – V

- I. *Breast reconstruction* following a medically necessary mastectomy – must satisfy any of the following: A - D

[Note: This also applies to any procedures related to breast cancer such as, but not limited to, lumpectomy, quadrantectomy, segmentectomy, tylectomy, etc.]

- A. All stages of *breast reconstruction* on the breast on which surgery has been performed; or
  - B. Surgery and *breast reconstruction* of the other breast to produce a symmetrical appearance; or
  - C. Prostheses and treatment of physical complications of mastectomy, including lymphedema; or
  - D. Additional *breast reconstructive* surgeries following mastectomy such as, but not limited to, excision of redundant tissue, repositioning of an implant, release of internal scar tissue, creation of an inframammary fold, scar revision, nipple, and areola reconstruction, tattooing of the nipple, and other tissue rearrangement that may be required to achieve an optimal result and are medically necessary.
- II. *Breast reconstruction* being requested due to psychological issues – must satisfy both of the following: A - B
  - A. There must be documentation from a *mental health professional*, that the member’s clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder,

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major depressive disorder, body dysmorphic disorder) causing *clinically significant* distress or impairment as evidenced by validated scales and measures - must satisfy both of the following: 1 and 2

1. Distress must be quantified by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; and
2. Impairment must be quantified using a standard measure such as the World Health Organization Disability Schedule 2.0 (WHODAS). See Attachment A.

B. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]

III. Harvesting (via lipectomy or liposuction) and grafting of autologous fat as a replacement for implants for breast reconstruction, or to fill defects after breast conservation surgery or other reconstructive techniques is considered medically necessary when the primary procedure is considered medically necessary.

IV. Removal of breast implants - must satisfy any of the following: A - B

A. Member has breast cancer or a personal history of breast cancer; or

B. Non-cancer related conditions – must satisfy: 1, and any of 2 – 8

1. The original surgery with placement of the implant was medically necessary (meets I. or II. above); and
2. Breast cancer screening or evaluation in an individual considered at high risk or suspected to have breast cancer; or
3. Recurrent infection unresponsive to treatment; or
4. Baker's class III or IV contracture; or
5. Intra or extra-capsular rupture of silicone gel filled or saline implant documented by imaging; or
6. Extrusion of implant; or
7. Siliconoma or granuloma; or
8. Symptomatic implant malposition.

[Note: Removal of implant will not be covered if original surgery was for a cosmetic indication.]

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]

V. Reinsertion of implant – original reconstructive surgery must have met I or II above.

[Note: Reinsertion of implant will not be covered if original surgery was for a cosmetic indication.]

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]

#### **DEFINITIONS:**

Baker Classification (grading system for breast capsular contraction):

Class I: Augmented breast feels soft as a normal breast.

Class II: Augmented breast is less soft and implant can be palpated, but is not visible.

Class III: Augmented breast is firm, palpable and the implant (or distortion) is visible.

Class IV: Augmented breast is hard, painful, cold, tender and distorted.

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Activities of Daily Living (ADL):

Eating, toileting, transferring, bathing, dressing, walking, and continence

Breast reconstruction procedures, such as but not limited to<sup>14</sup>:

Autogenous tissue flaps, eg, deep inferior epigastric perforator (DIEP) flap, transverse rectus abdominus myocutaneous (TRAM) flap, latissimus flap; creation of inframammary crease; nipple/areolar reconstruction, including tattooing; reduction of reconstructed breast by excision or liposuction (breast or axillae), resection of fat necrosis, trimming abdominal and breast “dog ears”, dissection/elevation/suspension of the flap; tissue expander and implant insertion; contralateral breast procedures, eg, augmentation, reduction.

Clinically significant:

A T-score > 59

Cosmetic:

Services, medications and procedures that improve physical appearance but do not correct or improve a physiological function or are not medically necessary.

Defect:

A lack of or abnormality in something necessary for normal physiological functioning

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders

Functional Defect/ Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

Mastopexy:

Plastic surgery to elevate and reshape a ptotic breast; may or may not involve prosthetic augmentation.

Mammoplasty:

Plastic surgery of the breast to alter its shape, size, or position.

Mental Health Professional:

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or follows surgery resulting from injury, sickness, or other diseases of the involved body part; or
2. A congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

Women’s Health and Cancer Rights Act of 1998:

A federal mandate concerning all reconstructive surgery following mastectomy. This mandate requires coverage of reconstructive surgery for ERISA, non-ERISA, and HMO plans.

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Prior Authorization: Yes, per network provider agreement

**CODING:**

CPT® or HCPCS

- 15771 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc 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
- 15877 Suction assisted lipectomy; trunk
- 19316 Mastopexy
- 19325 Breast, augmentation with prosthetic implant
- 19328 Removal of intact breast implant
- 19330 Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
- 19340 Insertion of breast implant on same day of mastectomy (ie, immediate)
- 19342 Insertion or replacement of breast implant on separate day from mastectomy
- 19350 Nipple/areola reconstruction
- 19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)
- 19361 Breast reconstruction; with latissimus dorsi flap
- 19364 Breast reconstruction with free flap
- 19366 Breast reconstruction with other technique
- 19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
- 19369 Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19370 Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
- 19371 Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
- 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
- C1789 Prosthesis, breast (implantable)
- L8600 Implantable breast prosthesis, silicone or qual

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3. Clinical Policy: MP/C009 Coverage Determination Guidelines
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### **Attachment A**

WHODAS 2.0, 12-items

#### **12-item World Health Organization Disability Assessment Schedule.**

In the past 30 days, how much difficulty did you have in. . .

*(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.*

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

<http://www.who.int/classifications/icf/whodasii/en/>

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*We* will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف  
**Arabic**

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).