

# Breast Reconstruction Surgery after Mastectomy or Lumpectomy

Date of Origin: 11/1998

Last Review Date: 10/22/2025

Effective Date: 11/1/2025

Dates Reviewed: 08/2000, 09/2001, 11/2003, 11/2004, 12/2005, 12/2006, 10/2007, 10/2008, 07/2010, 07/2011, 05/2012, 03/2013, 04/2014, 04/2015, 12/2015, 11/2016, 11/2017, 10/2018, 11/2019, 11/2020, 11/2021, 10/2022, 11/2023, 11/2024, 10/2025

Developed By: Medical Necessity Criteria Committee

## I. Description

Reconstructive breast surgery is performed following a mastectomy, lumpectomy, or prophylactic mastectomy for high-risk patients to re-establish symmetry between the two breasts. It includes reconstruction of the mastectomy site, creation of a new breast mound, and creation of a new areolar complex following the removal of a breast. It also includes the reconstruction of a non-diseased breast to achieve symmetry.

## II. Criteria: CWQI HCS-0011

- A. Moda Health covers breast reconstruction for **ALL** of the following conditions:
  - a. In accordance with the Women's Health and Cancer Rights Act of 1998 (WHCRA), Moda Health covers reconstruction surgery following a mastectomy for the diagnosis of cancer or cancer prophylaxis as medically necessary including **1 or more** of the following conditions:
    - i. The original reconstruction of the breast following mastectomy, including the areolar complex, on which the mastectomy was performed. Reconstruction can be performed at any phase or timeframe post-mastectomy for commercial and Medicare members
    - ii. A medically necessary surgery of the affected breast results in asymmetrical change or deformity in breast shape during one of the following procedures;
      1. mastectomy or lumpectomy as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer
      2. lumpectomy due to chronic, severe fibrocystic breast disease (cystic mastitis) unresponsive to medical therapy
    - iii. The surgery and reconstruction of the opposite breast to achieve a symmetrical appearance
    - iv. Prostheses and treatment of physical complications at all stages following the original mastectomy including all lymphedemas
    - v. Inpatient care related to the mastectomy and post-mastectomy services
    - vi. Reconstruction is covered for both females and males following a mastectomy or lumpectomy for breast cancer.
  - b. Surgery for breast reconstruction/augmentation for which medical necessity cannot be established is considered cosmetic and is not covered by the plan (*refer to member handbook language for cosmetic exclusions*).

- c. If the breast reconstruction requested is related to gender affirming procedure, *refer to Milliman Guidelines MCG Gender Affirming Surgery or Procedure GRG and Member's Plan Handbook.*

### III. Information Submitted with the Prior Authorization Request:

1. Clinical records from the treating physician to include:
  - a. Original diagnosis and date of mastectomy
  - b. Phases of reconstructive surgery and completion dates
  - c. Documentation of pain, contractures, complications or reconstruction, etc.

### IV. CPT or HCPC codes covered:

Codes	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; 25 sq cm or less wound surface area
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; 25 sq cm or less wound surface area each additional 25 sq cm wound surface area, or part thereof
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children; each additional 100 sq cm wound surface area, or part thereof
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area, each additional 25 sq cm wound surface area, or part thereof

15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm or less wound surface area, or 1 % of body area of infants and children
15278	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof
15771	Grafting of autologous soft tissue by liposuction technique to trunk, breasts, scalp, arms, and/or legs, 50cc or less injectate
15772	+ each additional 50cc injectate, or part thereof
15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk)
19316	Mastopexy
19318	Reduction mammoplasty
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of 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
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
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
C1789	Prosthesis, breast (implantable)
L8600	Implantable breast prosthesis, silicone or equal
Q4100	Skin substitute, not otherwise specified
Q4116	Skin substitute, alloderm, per square centimeter
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm
Q4128	FlexHD, AllopatchHD, or MatrixHD, per sq cm
Q4130	Strattice TM, per sq cm
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a 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), including harvesting of the

	flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a 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

## V. Annual Review History

Review Date	Revisions	Effective Date
03/2013	Annual Review: Added table with review date, revisions, and effective date.	04/03/2013
04/2014	Annual Review: No changes	04/03/2014
04/2015	Annual Review: Added ICD-10 codes, updated references	04/01/2015
11/2016	Annual Review: removed criteria for additional reconstruction	11/30/2016
10/2017	Annual Review: Updated to new template, no changes	10/25/2017
10/2018	Annual Review- No changes	11/1/2018
11/2019	Annual Review: removed guidelines for Medicaid members Removed deleted codes and updated the list of covered codes	12/5/2019
11/2020	Annual Review: Added hcpc codes Q4122, Q4128, Q4130	12/1/2020
11/2021	Annual Review: Added CPT codes 15771, 15772; codes deleted 19324, 19366. Replaced “reassignment” with Confirming procedure	12/1/2021
10/2022	Annual Review: Added breast reconstruction coverage requirements if asymmetry occurs after medically necessary surgery procedure	11/1/2022
11/2023	Annual Review: Added using Milliman Guidelines MCG Gender Affirming Surgery or Procedure GRG for breast reconstruction requests related to gender-affirming procedure. Grammar updates.	12/1/2023
11/2024	Annual Review: Updated codes. No content changes	12/1/2024
10/2025	Annual Review: No changes	11/1/2025

## VI. References

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[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra\\_factsheet](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet)
28. Physician Advisors

## Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
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
C50.111	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
C50.211	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
C50.311	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
C50.411	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
C50.511	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
C50.611	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
C50.811	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
C50.911	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
C50.021	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
C50.121	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
C50.221	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
C50.321	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
C50.421	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
C50.521	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
C50.621	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
C50.821	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
C50.921	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
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.19	Diffuse cystic mastopathy of unspecified breast
N64.81	Ptois of breast
N64.82	Hypoplasia of breast
N64.89	Other specified disorders of breast
M95.4	Acquired deformity of chest and rib

M99.82	Other biomechanical lesions of thoracic region
M99.88	Other biomechanical lesions of rib cage
Q67.6	Pectus excavatum
Q76.6	Other congenital malformations of ribs
Q76.7	Congenital malformation of sternum
Q76.8	Other congenital malformations of bony thorax
Q76.9	Congenital malformation of bony thorax, unspecified
Q79.8	Other congenital malformations of musculoskeletal system
Q83.0	Congenital absence of breast with absent nipple
Q83.1	Accessory breast
Q83.2	Absent nipple
Q83.3	Accessory nipple
Q83.8	Other congenital malformations of breast
Q83.9	Congenital malformation of breast, unspecified
Z90.10	Acquired absence of unspecified breast and nipple
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples
Z80.3	Family history of malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm of breast

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC