

# Breast Reconstruction Following Mastectomy (NCD 140.2)

Guideline Number: MPG034.06  
Approval Date: January 13, 2021

[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines
<ul style="list-style-type: none"> <li><a href="#">Cosmetic and Reconstructive Services and Procedures</a></li> <li><a href="#">Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)</a></li> </ul>
Related Medicare Advantage Coverage Summaries
<ul style="list-style-type: none"> <li><a href="#">Breast Reconstruction Following Mastectomy</a></li> <li><a href="#">Cosmetic and Reconstructive Procedures</a></li> </ul>

## Policy Summary

[↪ See Purpose](#)

### Overview

There has been a considerable change in the treatment of diseases of the breast such as fibrocystic disease and cancer. While extirpation of the disease remains of primary importance, the quality of life following initial treatment is increasingly recognized as of great concern. The increased use of breast reconstruction procedures is due to several factors:

- A change in epidemiology of breast cancer, including an apparent increase in incidence;
- The continuing development of better prostheses;
- Improved surgical skills and techniques; and
- Increasing awareness by physicians of the importance of postsurgical psychological adjustment.

### Guidelines

Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a relatively safe and effective noncosmetic procedure. Accordingly, program payment may be made for breast reconstruction surgery following removal of a breast for any medical reason.

Program payment may not be made for breast reconstruction for cosmetic reasons. (Cosmetic surgery is excluded from coverage under §1862 (a) (10) of the Act.)

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
19328	Removal of intact mammary implant

CPT Code	Description
19330	Removal of mammary implant material
19340	Insertion of breast implant on same day of mastectomy (ie, immediate) (See also NCD 140.9 Gender Dysphoria and Gender Reassignment Surgery)
19342	Insertion or replacement of breast implant on separate day from mastectomy (See also NCD 140.9 Gender Dysphoria and Gender Reassignment Surgery)
19350	Nipple/areola reconstruction (See also NCD 140.9 Gender Dysphoria and Gender Reassignment Surgery)
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction; with latissimus dorsi flap
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)
19366	Breast reconstruction with other technique (Deleted 12/31/2020)
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 with soft tissue excision in implant-based reconstruction)
19396	Preparation of moulage for custom breast implant

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Modifier	Description
50	Bilateral procedure
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)

## References

### CMS National Coverage Determinations (NCDs)

[NCD 140.2 Breast Reconstruction Following Mastectomy](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L35090 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56587 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L33428 Cosmetic and Reconstructive Surgery</a>	<a href="#">A56658 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L34698 Cosmetic and Reconstructive Surgery</a>	<a href="#">A57475 Billing and Coding: Cosmetic and Reconstructive Surgery</a>	WPS	AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
<a href="#">L35163 Plastic Surgery</a>	<a href="#">A57221 Billing and Coding: Plastic Surgery</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L37020 Plastic Surgery</a>	<a href="#">A57222 Billing and Coding: Plastic Surgery</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

## CMS Benefit Policy Manual

[Chapter 15: § 120 Prosthetic Devices](#)

## UnitedHealthcare Commercial Policy

[Breast Reconstruction Post Mastectomy](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
01/13/2021	<b>Related Policies</b> <ul style="list-style-type: none"> <li>Added reference link to the Medicare Advantage Policy Guideline titled <i>Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)</i></li> </ul> <b>Applicable Codes</b> <ul style="list-style-type: none"> <li>Revised description for CPT codes 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, and 19380</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version MPG034.05</li> </ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this

resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).