# Breast Reconstruction Post Mastectomy

**Policy Number:** SURGERY 095.17 T2  
**Effective Date:** May 1, 2019

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions of Coverage</td>
<td>1</td>
</tr>
<tr>
<td>Coverage Rationale</td>
<td>2</td>
</tr>
<tr>
<td>Definitions</td>
<td>3</td>
</tr>
<tr>
<td>Applicable Codes</td>
<td>4</td>
</tr>
<tr>
<td>References</td>
<td>7</td>
</tr>
<tr>
<td>Policy History/Revision Information</td>
<td>7</td>
</tr>
<tr>
<td>Instructions for Use</td>
<td>8</td>
</tr>
</tbody>
</table>

## Conditions of Coverage

**Applicable Lines of Business/Products**

This policy applies to Oxford Commercial plan membership.

**Benefit Type**

General benefits package

**Referral Required**

(Does not apply to non-gatekeeper products)

No

**Authorization Required**

(Precertification always required for inpatient admission)

Yes¹,²

**Precertification with Medical Director Review Required**

Yes¹,²

**Applicable Site(s) of Service**

(If site of service is not listed, Medical Director review is required)

Inpatient, Office¹,², Outpatient

¹Medical Director review is not required for reconstructive procedures following a Mastectomy for breast cancer (or prophylaxis).

²**Participating Providers in the Office Setting:** Precertification is required for services performed in the office of a participating provider. **Non-Participating/Out-of-Network Providers in the Office Setting:** Precertification is not required, but is encouraged for out-of-network services performed in the office. If precertification is not obtained, Oxford will review for out-of-network benefits and medical necessity after the service is rendered.
COVERAGE RATIONALE

Indications for Coverage
The following are eligible for coverage as reconstructive and medically necessary:
• In accordance with Women’s Health and Cancer Rights Act of 1998, the following services are covered (with or without a diagnosis of cancer):
  o Reconstruction of the breast on which the Mastectomy was performed
  o Surgery and reconstruction of the other breast to produce a symmetrical appearance, including nipple tattooing
  o Prosthesis (implanted and/or external)
  o Treatment of physical complications of Mastectomy, including lymphedema

Note: The Women’s Health and Cancer Rights Act of 1998 does not provide a timeframe by which the member is required to have the reconstruction performed post Mastectomy.

Removal, replacement, or revision of an implant may be considered reconstructive in certain circumstances:
• When the original implant or reconstructive surgery was considered reconstructive surgery under the terms of the member’s benefit plan, coverage may exist for removal, replacement and/or reconstruction.
• When the original implant or reconstructive surgery was considered reconstructive surgery under the terms of the member’s benefit plan, then removal of a ruptured prosthesis is treating a "complication arising from a medical or surgical intervention."
• Revision of a reconstructed breast (CPT code 19380) when the original reconstruction was performed following Mastectomy or for another covered health care service (see Applicable Codes section below for a list of codes that meet the criteria for a reconstructed breast).

The breast reconstruction benefit does not include coverage for any of the following:
• Aspirations
• Biopsy (open or core)
• Excision of cysts
• Fibroadenomas or other benign or malignant tumors
• Aberrant breast tissue
• Duct lesions
• Nipple or areolar lesions, or
• Treatment of gynecomastia.

Breast Reconstruction
The following procedures may be utilized during breast reconstruction:
A. A woman’s own muscle, fat and skin are repositioned to create a breast mound by one of the following methods:
  o Transverse Rectus Abdominus Myocutaneous (TRAM) Flap: The muscle, fat and skin from the lower abdomen is used to reconstruct the breast
  o Deep Inferior Epigastric Perforator (DIEP) or Superior Gluteal Artery Perforator SGAP Flap: The fat and skin but not muscle is used from the lower abdomen or buttocks to reconstruct the breast
  o Latissimus Dorsi (LD) Flap: The muscle, fat and skin from the back are used to reconstruct the breast – may also need a breast implant
  o Other methods may also be used to move muscle, fat and skin to reconstruct a breast
B. Tissue expansion is used to stretch the skin and tissue to provide coverage for a breast implant to create a breast mound. The procedure can be done with or without a dermal matrix including but not limited to Alloderm, Allomax, DermACELL, or FlexHD which are a covered benefit.
  Note: Reconstruction alone may be done with an implant but a tissue expander may be needed.
  o Tissue expansion requires several office visits over 4-6 months to fill the device through an internal valve to expand the skin
C. After the tissue expansion is completed, surgical placement of an FDA approved breast implant (either silicone or saline) is performed. The breast implant may be used with a flap or alone following tissue expansion.
D. After the breast implant is completed, creation of a nipple (by various techniques) and areola (tattooing) may be performed.

Treatments for Complications Post Mastectomy
• Lymphedema:
  o Complex Decongestive Physiotherapy (CDP) is covered for the complication of lymphedema post Mastectomy
  o Lymphedema pumps when required are covered
  o Compression Lymphedema sleeves are covered
  o Elastic bandages and wraps associated with covered treatments for the complications of lymphedema
• Treatment of a post-operative infection(s)
• Removal of a ruptured breast implant (either silicone or saline) is reconstructive for implants done post-Mastectomy. Placement of a new breast implant will be covered if the original implantation was done post-Mastectomy or for a covered reconstructive health service.

**Note:** A gap exception may be granted if there is not an in-network provider able to provide the requested Reconstructive Procedure. Refer to the member specific benefit plan document for information regarding coverage from out-of-Network providers.

**Coverage Limitations and Exclusions**

- Oxford excludes Cosmetic Procedures from coverage including but not limited to the following: Breast reconstruction has been successfully completed post Mastectomy and the member chooses to enlarge their breasts for cosmetic reasons.
- Breast reconstruction or scar revision after breast biopsy or removal of a cyst with or without a biopsy (Refer to member specific benefit plan document and state mandates).
- Insertion of breast implants or reinsertion of breast implants for the purpose of improving appearance unless covered under a state or federal mandate.
- Liposuction other than to achieve breast symmetry during post Mastectomy reconstruction.
- Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.
- Removal or replacement of an implant that is not ruptured and unassociated with local breast complications.
- Tissue protruding at the end of a scar ("dog ear"/standing cone), painful scars or donor site scar revisions must meet the definition of a reconstructive procedure to be considered for coverage. Revision of prior reconstructed breast due to normal aging.

**DEFINITIONS**

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Deep Inferior Epigastric Perforator (DIEP) Flap:** DIEP stands for the Deep Inferior Epigastric Perforator artery, which runs through the abdomen. In a DIEP flap reconstruction, fat, skin, and blood vessels are cut from the wall of the lower belly and moved up to the chest to rebuild the breast. The surgeon reattaches the blood vessels of the flap to blood vessels in the chest using microsurgery. DIEP is often referred to as a muscle-sparing or muscle-preserving type of flap, which means that no muscle is taken from the abdomen.

**Gluteal Artery Perforator (GAP) Free Flap:**
- An SGAP flap (superior Gluteal Artery Perforator), or gluteal perforator hip flap, uses this blood vessel to transfer a section of skin and fat from the upper buttocks/hip to reconstruct the breast.
- The IGAP flap (inferior Gluteal Artery Perforator) uses this blood vessel to transfer a section of skin and fat from the bottom of the buttocks, near the buttock crease to reconstruct the breast.

**Latissimus Dorsi Flap (LD):** In a Latissimus Dorsi Flap procedure, an oval flap of skin, fat, muscle, and blood vessels from the upper back is used to reconstruct the breast. This flap is tunneled to the chest to rebuild the breast.

**Mastectomy:** Mastectomy is the removal of the whole breast. There are five different types of Mastectomy: "simple" or "total" Mastectomy, modified radical Mastectomy, radical Mastectomy, partial Mastectomy, and subcutaneous (nipple-sparing) Mastectomy.
- Simple or total Mastectomy - Removes the entire breast and no axillary lymph node dissection.
- Modified radical Mastectomy - Modified radical Mastectomy involves the removal of both breast tissue and axillary lymph nodes.
- Radical Mastectomy – Removes the entire breast, axillary lymph nodes, and the chest wall muscles.
- Partial Mastectomy (lumpectomy, tylectomy, quadrantectomy, and segmentectomy) - Partial Mastectomy is the removal of the cancerous part of the breast tissue and some normal tissue around it. While lumpectomy is technically a form of partial Mastectomy, more tissue is removed in partial Mastectomy than in lumpectomy.
- Nipple-sparing Mastectomy - During nipple-sparing Mastectomy, all of the breast tissue is removed, however, the nipple is not removed.

**Transverse Rectus Abdominus Myocutaneous (TRAM) Flap:** The surgeon takes muscle and overlying lower abdominal tissue and moves it to the chest area. TRAM flap may be done as either a pedicle flap or a free flap.
Women’s Health and Cancer Rights Act of 1998, § 713 (a): “In general - a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a Mastectomy shall provide, in case of a participant or beneficiary who is receiving benefits in connection with a Mastectomy and who elects breast reconstruction in connection with such Mastectomy, coverage for (1) reconstruction of the breast on which the Mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce symmetrical appearance; and (3) prostheses and physical complications all stages of Mastectomy, including lymphedemas in a manner determined in consultation with the attending physician and the patient.”

**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 policy 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 may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mastectomy</strong></td>
<td></td>
</tr>
<tr>
<td>19301</td>
<td>Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)</td>
</tr>
<tr>
<td>19302</td>
<td>Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy</td>
</tr>
<tr>
<td>19303</td>
<td>Mastectomy, simple, complete</td>
</tr>
<tr>
<td>19304</td>
<td>Mastectomy, subcutaneous</td>
</tr>
<tr>
<td>19305</td>
<td>Mastectomy, radical, including pectoral muscles, axillary lymph nodes</td>
</tr>
<tr>
<td>19306</td>
<td>Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)</td>
</tr>
<tr>
<td>19307</td>
<td>Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle</td>
</tr>
<tr>
<td><strong>Breast Reconstruction Post Mastectomy</strong></td>
<td></td>
</tr>
<tr>
<td>11920</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less</td>
</tr>
<tr>
<td>11921</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm</td>
</tr>
<tr>
<td>11922</td>
<td>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)</td>
</tr>
<tr>
<td>11970</td>
<td>Replacement of tissue expander with permanent prosthesis</td>
</tr>
<tr>
<td>11971</td>
<td>Removal of tissue expander(s) without insertion of prosthesis</td>
</tr>
<tr>
<td>15271</td>
<td>Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area</td>
</tr>
<tr>
<td>15272</td>
<td>Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>15777</td>
<td>Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>19316</td>
<td>Mastopexy</td>
</tr>
<tr>
<td>19324</td>
<td>Mammaplasty, augmentation; without prosthetic implant</td>
</tr>
<tr>
<td>19325</td>
<td>Mammaplasty, augmentation; with prosthetic implant</td>
</tr>
<tr>
<td>19330</td>
<td>Removal of mammary implant material</td>
</tr>
<tr>
<td>19340</td>
<td>Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction</td>
</tr>
<tr>
<td>19342</td>
<td>Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>19350</td>
<td>Nipple/areola reconstruction</td>
</tr>
<tr>
<td>19355</td>
<td>Correction of inverted nipples</td>
</tr>
<tr>
<td>19357</td>
<td>Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion</td>
</tr>
<tr>
<td>19361</td>
<td>Breast reconstruction with latissimus dorsi flap, without prosthetic implant</td>
</tr>
<tr>
<td>19364</td>
<td>Breast reconstruction with free flap</td>
</tr>
<tr>
<td>19366</td>
<td>Breast reconstruction with other technique</td>
</tr>
<tr>
<td>19367</td>
<td>Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site</td>
</tr>
<tr>
<td>19368</td>
<td>Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)</td>
</tr>
<tr>
<td>19369</td>
<td>Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site</td>
</tr>
<tr>
<td>19380</td>
<td>Revision of reconstructed breast</td>
</tr>
<tr>
<td>19396</td>
<td>Preparation of moulage for custom breast implant</td>
</tr>
<tr>
<td>19499</td>
<td>Unlisted procedure, breast</td>
</tr>
</tbody>
</table>

**Covered to Achieve Symmetry of the Contralateral Breast Post Mastectomy Only**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19318</td>
<td>Reduction mammoplasty</td>
</tr>
</tbody>
</table>

CPT® is a registered trademark of the American Medical Association

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L8600</td>
<td>Implantable breast prosthesis, silicone or equal</td>
</tr>
<tr>
<td>S2066</td>
<td>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</td>
</tr>
<tr>
<td>S2067</td>
<td>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</td>
</tr>
<tr>
<td>S2068</td>
<td>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</td>
</tr>
<tr>
<td>S8950</td>
<td>Complex lymphedema therapy, each 15 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50.011</td>
<td>Malignant neoplasm of nipple and areola, right female breast</td>
</tr>
<tr>
<td>C50.012</td>
<td>Malignant neoplasm of nipple and areola, left female breast</td>
</tr>
<tr>
<td>C50.019</td>
<td>Malignant neoplasm of nipple and areola, unspecified female breast</td>
</tr>
<tr>
<td>C50.021</td>
<td>Malignant neoplasm of nipple and areola, right male breast</td>
</tr>
<tr>
<td>C50.022</td>
<td>Malignant neoplasm of nipple and areola, left male breast</td>
</tr>
<tr>
<td>C50.029</td>
<td>Malignant neoplasm of nipple and areola, unspecified male breast</td>
</tr>
<tr>
<td>C50.111</td>
<td>Malignant neoplasm of central portion of right female breast</td>
</tr>
<tr>
<td>C50.112</td>
<td>Malignant neoplasm of central portion of left female breast</td>
</tr>
<tr>
<td>C50.119</td>
<td>Malignant neoplasm of central portion of unspecified female breast</td>
</tr>
<tr>
<td>C50.121</td>
<td>Malignant neoplasm of central portion of right male breast</td>
</tr>
<tr>
<td>C50.122</td>
<td>Malignant neoplasm of central portion of left male breast</td>
</tr>
<tr>
<td>C50.129</td>
<td>Malignant neoplasm of central portion of unspecified male breast</td>
</tr>
<tr>
<td>C50.211</td>
<td>Malignant neoplasm of upper-inner quadrant of right female breast</td>
</tr>
<tr>
<td>C50.212</td>
<td>Malignant neoplasm of upper-inner quadrant of left female breast</td>
</tr>
<tr>
<td>ICD-10 Diagnosis Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>C50.219</td>
<td>Malignant neoplasm of upper-inner quadrant of unspecified female breast</td>
</tr>
<tr>
<td>C50.221</td>
<td>Malignant neoplasm of upper-inner quadrant of right male breast</td>
</tr>
<tr>
<td>C50.222</td>
<td>Malignant neoplasm of upper-inner quadrant of left male breast</td>
</tr>
<tr>
<td>C50.229</td>
<td>Malignant neoplasm of upper-inner quadrant of unspecified male breast</td>
</tr>
<tr>
<td>C50.311</td>
<td>Malignant neoplasm of lower-inner quadrant of right female breast</td>
</tr>
<tr>
<td>C50.312</td>
<td>Malignant neoplasm of lower-inner quadrant of left female breast</td>
</tr>
<tr>
<td>C50.319</td>
<td>Malignant neoplasm of lower-inner quadrant of unspecified female breast</td>
</tr>
<tr>
<td>C50.321</td>
<td>Malignant neoplasm of lower-inner quadrant of right male breast</td>
</tr>
<tr>
<td>C50.322</td>
<td>Malignant neoplasm of lower-inner quadrant of left male breast</td>
</tr>
<tr>
<td>C50.329</td>
<td>Malignant neoplasm of lower-inner quadrant of unspecified male breast</td>
</tr>
<tr>
<td>C50.411</td>
<td>Malignant neoplasm of upper-outer quadrant of right female breast</td>
</tr>
<tr>
<td>C50.412</td>
<td>Malignant neoplasm of upper-outer quadrant of left female breast</td>
</tr>
<tr>
<td>C50.419</td>
<td>Malignant neoplasm of upper-outer quadrant of unspecified female breast</td>
</tr>
<tr>
<td>C50.421</td>
<td>Malignant neoplasm of upper-outer quadrant of right male breast</td>
</tr>
<tr>
<td>C50.422</td>
<td>Malignant neoplasm of upper-outer quadrant of left male breast</td>
</tr>
<tr>
<td>C50.429</td>
<td>Malignant neoplasm of upper-outer quadrant of unspecified male breast</td>
</tr>
<tr>
<td>C50.511</td>
<td>Malignant neoplasm of lower-outer quadrant of right female breast</td>
</tr>
<tr>
<td>C50.512</td>
<td>Malignant neoplasm of lower-outer quadrant of left female breast</td>
</tr>
<tr>
<td>C50.519</td>
<td>Malignant neoplasm of lower-outer quadrant of unspecified female breast</td>
</tr>
<tr>
<td>C50.521</td>
<td>Malignant neoplasm of lower-outer quadrant of right male breast</td>
</tr>
<tr>
<td>C50.522</td>
<td>Malignant neoplasm of lower-outer quadrant of left male breast</td>
</tr>
<tr>
<td>C50.529</td>
<td>Malignant neoplasm of lower-outer quadrant of unspecified male breast</td>
</tr>
<tr>
<td>C50.611</td>
<td>Malignant neoplasm of axillary tail of right female breast</td>
</tr>
<tr>
<td>C50.612</td>
<td>Malignant neoplasm of axillary tail of left female breast</td>
</tr>
<tr>
<td>C50.619</td>
<td>Malignant neoplasm of axillary tail of unspecified female breast</td>
</tr>
<tr>
<td>C50.621</td>
<td>Malignant neoplasm of axillary tail of right male breast</td>
</tr>
<tr>
<td>C50.622</td>
<td>Malignant neoplasm of axillary tail of left male breast</td>
</tr>
<tr>
<td>C50.629</td>
<td>Malignant neoplasm of axillary tail of unspecified male breast</td>
</tr>
<tr>
<td>C50.811</td>
<td>Malignant neoplasm of overlapping sites of right female breast</td>
</tr>
<tr>
<td>C50.812</td>
<td>Malignant neoplasm of overlapping sites of left female breast</td>
</tr>
<tr>
<td>C50.819</td>
<td>Malignant neoplasm of overlapping sites of unspecified female breast</td>
</tr>
<tr>
<td>C50.821</td>
<td>Malignant neoplasm of overlapping sites of right male breast</td>
</tr>
<tr>
<td>C50.822</td>
<td>Malignant neoplasm of overlapping sites of left male breast</td>
</tr>
<tr>
<td>C50.829</td>
<td>Malignant neoplasm of overlapping sites of unspecified male breast</td>
</tr>
<tr>
<td>C50.911</td>
<td>Malignant neoplasm of unspecified site of right female breast</td>
</tr>
<tr>
<td>C50.912</td>
<td>Malignant neoplasm of unspecified site of left female breast</td>
</tr>
<tr>
<td>C50.919</td>
<td>Malignant neoplasm of unspecified site of unspecified female breast</td>
</tr>
<tr>
<td>C50.921</td>
<td>Malignant neoplasm of unspecified site of right male breast</td>
</tr>
<tr>
<td>C50.922</td>
<td>Malignant neoplasm of unspecified site of left male breast</td>
</tr>
<tr>
<td>C50.929</td>
<td>Malignant neoplasm of unspecified site of unspecified male breast</td>
</tr>
<tr>
<td>C79.81</td>
<td>Secondary malignant neoplasm of breast</td>
</tr>
<tr>
<td>D05.00</td>
<td>Lobular carcinoma in situ of unspecified breast</td>
</tr>
<tr>
<td>D05.01</td>
<td>Lobular carcinoma in situ of right breast</td>
</tr>
<tr>
<td>D05.02</td>
<td>Lobular carcinoma in situ of left breast</td>
</tr>
<tr>
<td>D05.10</td>
<td>Intraductal carcinoma in situ of unspecified breast</td>
</tr>
<tr>
<td>D05.11</td>
<td>Intraductal carcinoma in situ of right breast</td>
</tr>
<tr>
<td>D05.12</td>
<td>Intraductal carcinoma in situ of left breast</td>
</tr>
<tr>
<td>ICD-10 Diagnosis Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>D05.80</td>
<td>Other specified type of carcinoma in situ of unspecified breast</td>
</tr>
<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>
</tr>
<tr>
<td>D05.90</td>
<td>Unspecified type of carcinoma in situ of unspecified breast</td>
</tr>
<tr>
<td>D05.91</td>
<td>Unspecified type of carcinoma in situ of right breast</td>
</tr>
<tr>
<td>D05.92</td>
<td>Unspecified type of carcinoma in situ of left breast</td>
</tr>
<tr>
<td>D48.61</td>
<td>Neoplasm of uncertain behavior of right breast</td>
</tr>
<tr>
<td>D48.62</td>
<td>Neoplasm of uncertain behavior of left breast</td>
</tr>
<tr>
<td>I97.2</td>
<td>Post mastectomy lymphedema syndrome</td>
</tr>
<tr>
<td>N65.0</td>
<td>Deformity of reconstructed breast</td>
</tr>
<tr>
<td>N65.1</td>
<td>Disproportion of reconstructed breast</td>
</tr>
<tr>
<td>T85.43XA</td>
<td>Leakage of breast prosthesis and implant, initial encounter</td>
</tr>
<tr>
<td>T85.43XD</td>
<td>Leakage of breast prosthesis and implant, subsequent encounter</td>
</tr>
<tr>
<td>T85.43XS</td>
<td>Leakage of breast prosthesis and implant, sequela</td>
</tr>
<tr>
<td>Z42.1</td>
<td>Encounter for breast reconstruction following mastectomy</td>
</tr>
<tr>
<td>Z45.811</td>
<td>Encounter for adjustment or removal of right breast implant</td>
</tr>
<tr>
<td>Z45.812</td>
<td>Encounter for adjustment or removal of left breast implant</td>
</tr>
<tr>
<td>Z45.819</td>
<td>Encounter for adjustment or removal of unspecified breast implant</td>
</tr>
<tr>
<td>Z85.3</td>
<td>Personal history of malignant neoplasm of breast</td>
</tr>
<tr>
<td>Z90.10</td>
<td>Acquired absence of unspecified breast and nipple</td>
</tr>
<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>

**REFERENCES**

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Coverage Determination Guideline (CDG) that was researched, developed and approved by the UnitedHealthcare Coverage Determination Committee. [CDG.003.11]


**POLICY HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
</table>
| 05/01/2019 | • Reorganized policy template:<br>  o Simplified and relocated *Instructions for Use*<br>  o Removed *Benefit Considerations* section<br>• Updated coverage rationale:<br>  o Simplified content<br>  o Replaced language indicating “in accordance with Federal and State mandates, the [listed] services are covered” with “in accordance with the Women’s Health and Cancer Rights Act of 1998, the [listed] services are covered”<br>  o Added language to clarify:<br>    ▪ Removal, replacement or revision of an implant may be considered reconstructive in certain circumstances<br>    ▪ UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to [those listed in the policy]<br>    ▪ Procedures that correct an anatomical Congenital Anomaly without
INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>improving or restoring physiologic function are considered Cosmetic Procedures; the fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure</td>
</tr>
<tr>
<td></td>
<td>• Updated definition of &quot;Mastectomy&quot;</td>
</tr>
<tr>
<td></td>
<td>• Updated list of applicable ICD-10 diagnosis codes; added D48.61, D48.62, N65.0, and N65.1</td>
</tr>
<tr>
<td></td>
<td>• Updated supporting information to reflect the most current references</td>
</tr>
<tr>
<td></td>
<td>• Archived previous policy version SURGERY 095.16 T2</td>
</tr>
</tbody>
</table>