



POST - MASTECTOMY SURGERY AND SERVICES

Policy Number: 200510-0001

Effective Date: 01/93

Revision Date: 08/11/10

Overview

The Women's Health and Cancer Rights Act (WHCRA), enacted October 21, 1998, amended the Public Health Service Act (PHS Act) and the Employee Retirement Income Security Act of 1974 (ERISA). The WHCRA is administered by the Department of Health and Human Services and the Department of Labor.

The WHCRA requires coverage for:

- (1) Reconstruction of the breast on which the mastectomy has been performed;
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- (3) Prostheses and treatment for physical complications at all stages of a mastectomy, including lymphadenomas.

Coverage cannot be denied based upon the period of time between the mastectomy and the request for reconstructive surgery; because the member had the mastectomy prior to joining a plan; or because the mastectomy was not as a result of cancer (despite the title, nothing in the WHCRA limits the benefit to cancer patients).

The WHCRA does not prohibit health plans from imposing copayments, deductibles, or coinsurance requirements on health benefits in connection with a mastectomy and reconstruction as long as such requirements are consistent with those established for other benefits under the plan.

Policy

Prior authorization by FCHP is required for post-mastectomy surgery and services.

The following services are covered for plan members who elect reconstruction following mastectomy:

- All stages of reconstruction of the breast on which the mastectomy was performed, including but not limited to:
 - Prosthetic implant reconstruction with tissue expander
 - Autologous reconstruction (e.g., TRAM flap or latissimus dorsi flap), with or without prosthetic implant
 - Nipple/areolar reconstruction and/or tattooing
- Surgery of the contralateral breast to achieve a symmetrical appearance, including but not limited to:
 - Mastopexy
 - Reduction mammoplasty
 - Augmentation mammoplasty, with or without prosthetic implant

- Revision of a previously reconstructed breast or revision of a procedure performed on the contralateral breast for medically necessary indications, including but not limited to removal and replacement of prosthetic implants, or to achieve symmetry.
- Prostheses and treatment of physical complications at all stages of a mastectomy, including lymphadenomas.

Breast Prostheses

One prefabricated external breast prosthesis is covered for the useful lifetime of the prosthesis (two breast prostheses, one per side, are covered for women who have had bilateral mastectomies). The useful lifetime expectancy for a silicone breast prosthesis (HCPCS code L8030) is two years. For fabric, foam, or fiber filled breast prostheses (HCPCS code L8020), the useful lifetime expectancy is 6 months. Replacement sooner than the useful lifetime is not covered, except when the prosthesis is lost or irreparably damaged (this does not include ordinary wear and tear), or the plan member's condition changes such that the current equipment no longer meets the plan member's needs.

The additional features of a custom fabricated breast prosthesis (HCPCS code L8035) are not medically necessary.

A breast prosthesis may be attached to the chest wall with an adhesive skin support (HCPCS code A4280), or worn in a mastectomy bra (HCPCS code L8000), which is specially designed with a pocket to hold the prosthesis in place.

Mastectomy Bras

FCHP covers two mastectomy bras (HCPCS code L8000, L8001, or L8002) per calendar year.

A post-mastectomy camisole-type undergarment (HCPCS code L8015), e.g., Softee®, is covered for use during the post-operative period, or as an alternative to a breast prosthesis and mastectomy bra. The garment includes two poly-fill breast forms. Replacement breast forms are sold separately. FCHP covers two post-mastectomy camisole garments per calendar year.

Codes

The following table includes a range of breast reconstruction and revision techniques currently available (not all inclusive). Some services, including breast prostheses (L8000 – L8039) are covered under the prosthetics benefit, which, for most plan members, is subject to a combined DME/prosthetics and orthotics benefit maximum.

Codes	Number	Description
CPT	19316	Mastopexy
	19318	Reduction mammoplasty
	19324	Mammoplasty, augmentation; without prosthetic implant
	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

Codes	Number	Description
	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
	19366	Breast reconstruction with other technique
	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
	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
	19396	Preparation of moulage for custom breast implant
HCPCS	A4280	Adhesive skin support attachment for use with external breast prosthesis, each
	L8000	Breast prosthesis, mastectomy bra
	L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
	L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
	L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy
	L8020	Breast prosthesis, mastectomy form
	L8030	Breast prosthesis, silicone or equal, without integral adhesive
	L8031	Breast prosthesis, silicone or equal, with integral adhesive
	L8032	Nipple prosthesis, reusable, any type, each
	L8039	Breast prosthesis, NOS

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Products to which this policy applies

- ⊕ FCHP Direct/Select Care
- ⊕ Fallon Preferred Care
- ⊕ MassHealth
- ⊕ Commonwealth Care

- ⊕ Companion Care
- ⊕ Fallon Senior Plan™
- ⊕ Navicare

References

1. United States Code, Title 29, Chapter 18, Subchapter 1, Subtitle B, Part 7, Subpart B, § 1185b. Required coverage for reconstructive surgery following mastectomies.
2. Centers for Medicare & Medicaid Services, Medicare Coverage Database. NHIC, Corp. LCD for External Breast Prosthesis (L5043). Revision Effective Date 01/01/2010.
3. Centers for Medicare & Medicaid Services, Medicare Coverage Database. NHIC, Corp. Article for External Breast Prosthesis (A19801). Effective January 2010.

Policy/committee review:

- Benefits Committee – 01/93, 01/95, 03/02
- Benefit Oversight Committee: 01/14/09, 08/11/10
- Technology Assessment Committee – 01/02, 10/04/05
- Utilization Management Committee – 05/00, 06/03
- Technology Assessment Subcommittee – 07/05/05

IMPORTANT NOTE

Not all services are covered for all Commercial products or employer groups. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy & Criteria Statement.