

## **MP.046.MPC Breast Reconstruction Procedures and External Breast Prosthesis**

Maryland Physicians Care considers **Breast Reconstruction Procedures and External Breast Prosthesis** medically necessary for the following:

### **Indications for Breast Reconstruction:**

1. **Breast Reconstruction:** All stages of breast reconstruction of the affected breast and procedures of the opposite breast to restore symmetry, treatment of complications following a mastectomy <sup>(1, 2)</sup>.
2. **Breast Implantation:** for reconstructive purposes following a mastectomy <sup>(1,2)</sup>.
3. **Capsulectomy:** for complications of implant rupture or when other medical complications occur <sup>(1)</sup>.
4. **Nipple Tattooing:** when performed as a part of covered breast reconstruction procedures. (Note: This is the final stage of reconstruction and may be delayed up to two years in some cases) <sup>(3,4)</sup>.
5. **Skin Substitutes:** in thin patients or patients with insufficient tissue for the creation of a pocket/insert <sup>(5)</sup>. (**NOTE:** an expander is limited to the following: AlloDerm®, AlloMax™, Cortiva, DermACELL® and FlexHD®)

### **The Removal, Revision, or Re-Implantation of Breast Implant**

Are covered, on a case-by-case basis, for any of the following conditions <sup>(6)</sup>:

1. Implant failure, extrusion, leakage, rupture, or rejection
2. Interference with the diagnosis of breast cancer
3. Infection
4. Ischemia
5. Granuloma or siliconoma
6. Hematoma
7. Painful capsular contracture causing severe discomfort and disfigurement
8. Skin loss or extrusion of the prosthesis through the muscle area.
9. Trauma

### **Indications for External Breast Prosthesis <sup>(7)</sup>:**

## MP.046.MPC Breast Reconstruction Procedures and External Breast Prosthesis

Policy Number: MP.046.MPC

Last Review Date: 02/20/2025

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1. For a member who has had a mastectomy.
2. External breast prosthesis garment with mastectomy form (L8015) is covered for use in the post-operative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and breast prosthesis.
3. A mastectomy bra (L8000) is covered when a member has a covered mastectomy form (L8020) or silicone (or equal) breast prosthesis (L8030), when the pocket of the bra is used to hold the form/prosthesis

### Limitations

#### **Breast Reconstruction:**

1. Breast Reconstruction (breast implantation, removal, or revision) for any of the following conditions is considered not medically necessary and not covered:
  - When a breast procedure is done for cosmetic purposes (i.e., to improve appearance shifting incorrect implant size, visible scars, uneven appearance, and wrinkling)
  - When done for anxiety over possible implant-associated disease
  - When done for changes in breast and/or nipple sensation
  - When the member has symptoms or a diagnosis of an auto-immune disorder, and there is no supporting documentation of a medical condition
  - For placement of breast implants which are not approved by the Food and Drug Administration (FDA).
2. Re-implantation of breast implants is not covered **except** when related to a cancer diagnosis.

#### **External Breast Prosthesis:**

1. Mastectomy bra without built in prosthesis
  - There is no limit on mastectomy bras
2. Initial Prosthesis
  - Unilateral Mastectomy
    - Only one breast prosthesis per side for the useful lifetime of the prosthesis (ordinary wear and tear)
  - Bilateral Mastectomy
    - Two prostheses, one per each side
3. Replacement Prosthesis: replacement for the useful lifetime of a prosthesis (ordinary wear and tear) is as follows:
  - Silicone breast prostheses - two years
  - Nipple prosthesis - three months
  - Fabric, foam, or fiber filled breast prosthesis - six months.

## MP.046.MPC Breast Reconstruction Procedures and External Breast Prosthesis

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- Prosthesis of the same type can be replaced at any time if it is lost or is irreparably damaged (this does not include ordinary wear and tear).
  - Prosthesis of a different type can be replaced at any time if there is a change in the member's medical condition that necessitates a different type of item.
4. Not medically necessary and therefore not covered:
- Breast prosthesis (silicone or equal, with integral adhesive (L8031))
  - Custom fabricated prosthesis (L8035, L8033)
  - More than one breast prosthesis per side
5. Supplier:
- A written signed and dated order must be received by the supplier before a claim is submitted.
6. Ordering and Delivery:
- The supplier should not dispense more than a three-month quantity at a time
  - The beneficiary or caregiver must specifically request new items before they are dispensed. The supplier must not automatically dispense a quantity of items on a predetermined regular basis, even if the beneficiary has "authorized" this in advance
  - Contact with the member regarding refills should take place no sooner than approximately seven days prior to the delivery/shipping date
  - For subsequent deliveries of refills, the supplier should deliver the product no sooner than approximately five days prior to the end of usage for the current product

### Background

Breast reconstruction can be done immediately following mastectomy or delayed following the completion of cancer treatment and should be evaluated on a case by case basis (after mastectomy or lumpectomy surgery, as well as radiation therapy, chemotherapy or targeted therapies are given). <sup>(1, 2, 6)</sup>

### Risk factors <sup>(1, 2, 6)</sup>

For post-operative complications and implant failure in immediate breast implant-based reconstruction following mastectomy:

- Smoking
- Obesity
- Diabetes
- Poor nutritional status

### Codes

#### CPT Codes / HCPCS Codes / ICD-10 Codes

| Code | Description |
|------|-------------|
|------|-------------|

## MP.046.MPC Breast Reconstruction Procedures and External Breast Prosthesis

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| <b>Breast Reconstruction CPT Codes</b>                                     |  |
|--|--|
| 19316  | Mastopexy  |
| 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   |
| 19380  | Revision of Reconstructed Breast   |
| 19396  | Preparation of Moulage for Custom Breast Implant   |
| <i>External Breast Prosthesis</i>  |  |
| <b>HCPSC codes covered if selection criteria are met (If Appropriate):</b> |  |
| A4280  | Adhesive skin support attachment for use with external breast prosthesis, each   |
| L8000  | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type   |
| 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  |
| L8032  | Nipple prosthesis, reusable, any type, each  |

## MP.046.MPC Breast Reconstruction Procedures and External Breast Prosthesis

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|                                |  |
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| L8039                          | Breast prosthesis, not otherwise specified                                   |
| <b>Non-Covered HCPCS Codes</b> |  |
| L8031                          | Breast prosthesis, silicone or equal, with integral adhesive                 |
| L8033                          | Nipple prosthesis, custom fabricated, reusable, any material, any type, each |
| L8035                          | Custom breast prosthesis, post mastectomy, molded to patient model           |
| <b>ICD-10 codes</b>            |  |
| C44.501                        | Unspecified malignant neoplasm of skin of breast                             |
| C44.591                        | Other specified malignant neoplasm of skin of breast                         |
| C50.01-C50.119                 | Malignant neoplasm of nipple and areola                                      |
| C50.2-C50.219                  | Malignant neoplasm of upper-inner quadrant of breast                         |
| C50.3-C50.319                  | Malignant neoplasm of lower-inner quadrant of breast                         |
| C50.4-C50.419                  | Malignant neoplasm of upper-outer quadrant of breast                         |
| C50.5-C50.519                  | Malignant neoplasm of lower-outer quadrant of breast                         |
| C50.6-C50.619                  | Malignant neoplasm of axillary tail of breast                                |
| C50.8-C50.819                  | Malignant neoplasm of overlapping sites of breast                            |
| C50.9-C50.919                  | Malignant neoplasm of breast of unspecified site                             |
| C79.81                         | Secondary malignant neoplasm of breast                                       |
| D05.0-D05.02                   | Lobular carcinoma in situ of breast  |
| D05.1-D05.12                   | Intraductal carcinoma in situ of breast                                      |
| D05.8-D05.82                   | Other specified type of carcinoma in situ of breast                          |
| D05.9-D05.92                   | Unspecified type of carcinoma in situ of breast                              |
| D48.6                          | Neoplasm of uncertain behavior of breast                                     |
| D48.60                         | Neoplasm of uncertain behavior of unspecified breast                         |
| D48.61                         | Neoplasm of uncertain behavior of right breast                               |
| D48.62                         | Neoplasm of uncertain behavior of left breast                                |
| I97.2                          | Post-mastectomy lymphedema syndrome  |
| T85.49XA                       | Other mechanical complication of breast prosthesis and implant, initial      |
| T85.79XA                       | Infection and inflammatory reaction due to other internal prosthetic         |

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| T85.89XA | Other specified complication of internal prosthetic devices, implants                  |
| Z42.1    | Encounter for breast reconstruction following mastectomy                               |
| Z44.30   | Encounter for fitting and adjustment of external breast prosthesis, unspecified breast |
| Z44.31   | Encounter for fitting and adjustment of external right breast prosthesis               |
| Z44.32   | Encounter for fitting and adjustment of external left breast prosthesis                |
| Z85.3    | Personal history of malignant neoplasm of breast                                       |
| Z90.10   | Acquired absence of unspecified breast and nipple                                      |

### References

1. Referenced with permission from the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V6.2024 © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed January 23, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org.
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