

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Breast Reconstruction for Deformities Unrelated to Cancer Treatment

BACKGROUND

For women, the function of the breast, aside from the periods when it serves for lactation, is an organ of female sexual identity. The female breast is a major component of a woman's self-image and is important to her psychological sense of femininity and sexuality. Both men and women with abnormal breast structure(s) often suffer from a severe negative impact on their self-esteem, which may adversely affect his or her well-being and result in significant to severe physical disability.

Breast deformities unrelated to cancer treatment occur in both men and women and may present either bilaterally or unilaterally. These deformities result from congenital anomalies, trauma, disease, or mal-development. Because breast deformities often result in abnormally asymmetrical breasts, surgery of the contralateral breast, as well as the affected breast, may be required to achieve symmetry.

DEFINITION: COSMETIC AND RECONSTRUCTIVE SURGERY

For reference, the following definition of cosmetic and reconstructive surgery was adopted by the American Medical Association, June 1989:

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

POLICY

Breast reconstruction surgery to correct breast deformities, as well as surgery on the contralateral breast to achieve symmetry, are considered reconstructive surgery and, therefore, should be a covered benefit and reimbursed by third-party payers.

DIAGNOSIS CODING

Diagnosis

ICD-10

Hypertrophy of breast	N62
Other specified disorders of the breast	N64.89
Acquired deformity of chest and rib	M95.4
Congenital deformity of chest wall	Q67.8
Poland's Syndrome	Q79.8
Congenital absence of breast with absent nipple	Q83.0
Accessory breast	Q83.1
Absent nipple	Q83.2
Accessory nipple	Q83.3
Other congenital malformations of breast	Q83.8
Sequela, Burn of unspecified degree, chest wall	T21.01xS
Sequela, Burn of second degree, chest wall	T21.21xS
Sequela, Burn of third degree, chest wall	T21.31xS
Sequela, Corrosion of unspecified degree, chest wall	T21.41xS
Sequela, Corrosion of second degree, chest wall	T21.61xS
Sequela, Corrosion of third degree, chest wall	T21.71xS
Acquired absence of unspecified breast and nipple	Z90.10
Acquired absence of right breast and nipple	Z90.11
Acquired absence of left breast and nipple	Z90.12
Acquired absence of bilateral breasts and nipples	Z90.13
Chest wall pain following surgery	G89.12
Personal history of surgery	Z98.89
Melanocytic nevi of trunk	D22.5

TREATMENT

A variety of reconstruction techniques are available to accommodate a wide range of breast defects. The technique(s) selected are dependent on the nature of the defect, the patient's individual circumstances and the surgeon's judgment. When developing the surgical plan, the surgeon must correct underlying deficiencies as well as take into consideration the goal of achieving bilateral symmetry. Depending on the individual patient circumstances, surgery on the contralateral breast may be necessary to achieve symmetry. Surgical procedures on the opposite breast may include reduction mammoplasty and mastopexy with or without augmentation. Surgical revision of either the involved or contralateral breast may also be required subsequent to the initial procedure for a variety of reasons.

POSSIBLE CPT CODING

Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	14000
Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	14001
Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	14301
Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof	14302
Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	15100
Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	15101
Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	15200
Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof	15201
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	15273
Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; 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	15274
Muscle, myocutaneous, or fasciocutaneous flap; trunk	15734
Graft, derma-fat-fascia	15770
Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and or legs; 50 cc or less injectate	15771
Each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	15772
Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk)	15777
Mastopexy	19316
Reduction mammoplasty	19318
Mammoplasty, augmentation; without prosthetic implant	19324
With prosthetic implant	19325
Immediate insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction	19340
Delayed insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction	19342
Nipple/Areolar reconstruction	19350
Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	19357
Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	19361

Breast reconstruction with free flap	19364
Breast reconstruction with other technique	19366
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	19367
With microvascular anastomosis (supercharging)	19368
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, Including closure of donor site	19369
Open periprosthetic capsulectomy, breast	19370
Periprosthetic capsulectomy, breast	19371
Revision of reconstructed breast	19380
Preparation of mouldage for custom breast implant	19396
Unlisted procedure, breast	19499

REFERENCES

1. Fokin, AA., Robiscsek, F. Poland's syndrome revisited. *Ann. Thorac. Surg.* 74: 2218, 2002.
2. Shalev, SA., Hall, JG. Poland anomaly – report of an unusual family. *Am. J. Med. Genet.* 118A: 180, 2003.
3. Robicsek, F., Fokin, A. Surgical correction of pectus excavatum and carinatum. *J. Cardiovasc. Surg.* 40: 725, 1999.
4. Von Heimburg, D., Exner, K., Kruff, S., and Lemperle G. The tuberous breast deformity: classification and treatment. *Br. J. Plast. Surg.* 49: 339, 1996.
5. Panettiere, P., Del Gaudio, GA., Marchetti, L., et al. The tuberous breast syndrome. *Aesthetic Plast. Surg.* 24: 445, 2000
6. Rohrich, RJ., Beran, SJ., Restifo, RJ., et al. Aesthetic management of the breast following explantation: evaluation and mastopexy options. *Plast. Reconstr. Surg.* 101: 827, 1998.
7. Mentzel, HJ., Seidel, J., Sauner, D., et al. Radiological aspects of the Poland syndrome and implications for treatment: a case study and review. *Eur. J. Pediatr.* 161: 455, 2002.
8. Versaci, AD. and Rozzelle, AA. Treatment of tuberous breasts utilizing tissue expansion. *Aesthetic Plast. Surg.* 15: 307, 1991.
9. Marks, MW. and Iacobucci, J. Reconstruction of congenital chest wall deformities using solid silicone onlay prostheses. *Chest. Surg. Clin. N. Am.* 10: 341, 2000.
10. Avci, G., Misirhogg' lu, A., Eker, G. and Aköz, T. Mild degree of poland's syndrome reconstruction with customized silicone prosthesis. *Aesthetic Plast. Surg.* 27:112, 2003.
11. Hodgkinson, DJ. Chest wall implants: their use for pectus excavatum, pectoralis muscle tears, poland's syndrome, and muscular insufficiency. *Aesthetic Plast. Surg.* 21: 7, 1997.
12. Hochberg, J., Ardenghy, M., Graeber, GM. and Murray GF. Complex reconstruction of the chest

- wall and breast utilizing a customized silicone implant. *Ann. Plast. Surg.* 32: 524,1994.
13. Sereletti, JM. and Moran, SL. Microvascular reconstruction of the breast. *Semin. Surg. Oncol.* 19: 264, 2000.
 14. Arslan, E., Unal, S., Demirkan, F. and Sevim, S. Poland's syndrome with rare deformities: reconstruction with latissimus dorsi muscle through a single short incision. *Scand. J. Plast. Reconstr. Surg. Hand. Surg.* 37: 304, 2003.
 15. Hodgkinson DJ. The management of anterior chest wall deformity in patient presenting for breast augmentation. *Plast. Reconstr. Surg.* 109:1714, 2002.
 16. Grolleau, JL., Lanfrey, E., Lavigne, B., et al. Breast base anomalies: treatment strategy for tuberous breasts, minor deformities, and asymmetry. *Plast. Reconstr. Surg.* 104: 2040, 1999.
 17. Choupina, M., Malheiro, E., Pinho, C., et al. Tuberous breast: a surgical challenge. *Aesthetic Plast. Surg.* 26:50, 2002.
 18. Meara, JG., Kolker, A., Bartlett G., et al. Tuberous breast deformity: principles and practice. *Ann. Plast. Surg.* 45: 607, 2000.
 19. Ribeiro, L., Accorsi, A., Buss, A., et al. Short scar correction of the tuberous breast. *Clin. Plast. Surg.* 29: 423, 2002.
 20. Puckett, CL., Meyer, VH., Reinisch, JF. Crescent mastopexy and augmentation. *Plast. Reconstr. Surg.* 75: 533, 1985.
 21. Gruber, RP. and Jones, HW. The "donut" mastopexy: indications and complications. *Plast. Reconstr. Surg.* 65: 34, 1980.
 22. Scioscia, PJ. and Hagerty, RC. Internal mastopexy following explantation. *Plast. Reconstr. Surg.* 97: 1014, 1996.
 23. Al-Kalla T, Komorowska-Timek E. Breast total male breast reconstruction with fat grafting. *Plast Reconstr Surg Glob Open.* 2014 Dec 5;2(11):e257.
 24. Spear SL, Rottman SJ, Seiboth LA, Hannan CM. Breast reconstruction using a staged nipple-sparing mastectomy following mastopexy or reduction. *Plast Reconstr Surg.* 2012 Mar;129(3):572-81.
 25. Kronowitz SJ, Mandujano CC, Liu J, et al. Lipofilling of the Breast Does Not Increase the Risk of Recurrence of Breast Cancer: A Matched Controlled Study. *Plast Reconstr Surg.* 2016 Feb;137(2):385-93.
 26. Derder M, Whitaker IS, Boudana D, Marchac A, Hivelin M, Mattar N, Lepage C, Claude O, Benjoar MD, Bosc R, Lantieri L. The use of lipofilling to treat congenital hypoplastic breast anomalies: preliminary experiences. *Ann Plast Surg.* 2014 Oct;73(4):371-7.
 27. Ho Quoc C, Foyatier JL, Meruta A, Piat JM, Michel G, Delay E. Lipofilling, an efficient solution for breast sequelae after cardiothoracic surgery. *Ann Chir Plast Esthet.* 2015 Dec;60(6):522-6.
 28. Ho Quoc C, Fakiha M, Meruta A, Dlimi C, Piat JM, Delay E. Breast lipofilling: A new treatment of Becker nevus syndrome. *Ann Chir Plast Esthet.* 2015 Aug;60(4):336-9.

Approved by the ASPS Executive Committee on September 26, 2018. Coding Updated on January 6, 2020.