



MEDICAL POLICY STATEMENT

TrueCare

Policy Name & Number	Date Effective
Breast Reconstruction Surgery-TrueCare-MM-1474	07/01/2025
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject	2
B. Background	2
C. Definitions.....	2
D. Policy	3
E. Conditions of Coverage	3
F. Related Policies/Rules	3
G. Review/Revision History	4
H. References	4

A. Subject**Breast Reconstruction Surgery****B. Background**

With an estimated 272,000 new cases yearly, breast cancer continues to be the leading cause of new cancer among women in the United States and a leading cause of cancer death. Breast reconstruction is intended to reduce post-mastectomy complications and improve quality of life following breast cancer surgery. Breast reconstruction procedures may include breast reduction, breast augmentation with FDA-approved breast implants, nipple reconstruction (including surgery, tattooing, or both), and breast contouring. Reconstruction may be performed immediately following a mastectomy or can be delayed for weeks or years until the member has undergone radiation, chemotherapy, or decides that reconstruction is wanted.

Breast augmentation with an FDA-approved implant can be performed in one stage, during which the implant is inserted during the same surgical visit as the mastectomy, or in two stages using an implanted tissue expander in the first stage followed by removal of the expander and insertion of the permanent breast implant. Complications may occur from breast implants immediately postoperatively or years later and can include exposure, extrusion, infection, contracture, rupture, and/or pain. Clinically significant complications may require implant removal.

Autologous tissue/muscle breast flap reconstruction is a safe and effective alternative to breast implants. Muscle, subcutaneous tissue, and skin can be transposed from the donor site either locally (eg, latissimus dorsi myocutaneous [LD] flap, pedicled transverse rectus abdominus myocutaneous [TRAM] flap) or distally (eg, free TRAM flap, deep inferior epigastric perforator [DIEP] flap, superficial inferior epigastric artery perforator [SIEP] flap, inferior or superior gluteal flap, superior gluteal artery perforator flap, Reubens flap, transverse upper gracilis [TUG] flap). The choice of procedure can be affected by the member's age and health, contralateral breast size and shape, personal preference, and expertise of the surgeon.

Individuals may also select non-invasive options, such as mastectomy bras and external breast prostheses.

Refer to MCG for complete mastectomy.

C. Definitions

- **Breast Conserving Surgery (Lumpectomy, Partial Mastectomy)** – Surgical removal of tumor and small amount of surrounding breast tissue.
- **Contralateral Breast** – Unaffected/nonsurgical breast.
- **Cosmetic Procedures** – Procedures completed to improve appearance and self-esteem and to reshape normal structures of the body.
- **Mastectomy** – Surgical removal of one or both breasts.

D. Policy

I. Breast reconstruction is not gender specific.

II. Surgical Options

A. TrueCare considers breast reconstruction following treatment for breast cancer medically necessary when any of the following is met:

1. following mastectomy or breast conserving surgery of the affected breast
2. improve breast function after conservatory therapy and related to significant abnormalities or deformities resulting from **ANY** of the following:
 - a. malignant breast disease
 - b. congenital deformities affecting the member's physical and psychological being
 - c. severe fibrocystic breast disease that limits the member's function
 - d. unintentional trauma or injuries
 - e. complications after breast surgery for non-malignant conditions (eg, pain, irritation, bleeding, discharge, complications causing difficulty with lactation)

III. Risk Reduction Mastectomy

A. TrueCare considers treatment of physical complications, including lymphedema, following breast reconstruction medically necessary.

B. Surgical Exclusions:

1. TrueCare does not cover any breast reconstruction procedures that are considered experimental, investigational, or unproven for this indication.
2. TrueCare does not cover:
 - a. Procedures that are considered cosmetic in nature, including natural changes due to aging and weight loss/gain.
 - b. Lipectomy for donor site symmetry.
 - c. Suction lipectomy or ultrasonically assisted suction lipectomy (liposuction) for correction of surgically induced donor site asymmetry (eg, trunk or extremity) that results from one or more flap breast reconstruction procedures.

IV. Non-Surgical Alternatives

TrueCare covers external breast prostheses and mastectomy bras following mastectomy or breast conserving surgery. All other indications are considered not medically necessary.

V. Breast reconstruction with free flap procedures, regardless of technique, applies to CPT code 19364.

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	02/21/2025	New market. Approved at Committee.
Date Revised		
Date Effective	07/01/2025	
Date Archived		

H. References

1. Alder L, Zaidi M, Zeidan B, et al. Advanced breast conservation and partial breast reconstruction – a review of current available options for oncoplastic breast surgery. *Ann R Coll Surg Engl.* 2022;104(5):319-323. doi:10.1308/rcsann.2021.0169
2. Breast reconstruction surgery. American Cancer Society. Updated September 19, 2022. Accessed December 12, 2024. www.cancer.org
3. Centers for Medicare and Medicaid Services. *Women's Health and Cancer Rights Act (WHCRA)*. Accessed December 12, 2024. www.cms.gov
4. Colwell AS, Taylor EM. Recent advances in implant-based breast reconstruction. *Plast Reconstr Surg.* 2020;145(2):421e-432e. doi:10.1097/PRS.00000000000006510
5. Costanzo D, Klinger M, Lisa A, et al. The evolution of autologous breast reconstruction. *Breast J.* 2020;26(11):2223-2225. doi:10.1111/tbj.14025
6. Friedrich M, Kramer S, Friedrich D, et al. Difficulties of breast reconstruction – problems that no one likes to face. *Anticancer Res.* 2021;41(11):5365-5375. doi:10.21873/anticancer.15349
7. Gilmour A, Cutress R, Gandhi A, et al. Oncoplastic breast surgery: a guide to good practice. *Eur J Surg Oncol.* 2021;47(9):2272-2285. doi:10.1016/j.ejso.2021.05.006
8. Gradishar WJ, Moran MS, Abraham J, et al. NCCN guidelines insights: breast cancer, version 4.2023. *J Natl Compr Canc Netw.* 2023;21(6):594-608. doi:10.6004/jnccn.2023.0031
9. Guliyeva G, Torres RA, Avila FR, et al. The impact of implant-based reconstruction on persistent pain after breast cancer surgery: a systematic review. *J Plast Reconstr Aesthet Surg.* 2022;75(2):519-527. doi:10.1016/j.bjps.2021.09.079
10. Health technology assessment: comparative effectiveness review of human acellular dermal matrix for breast reconstruction. Hayes; 2019. Reviewed February 28, 2022. Accessed December 12, 2024. www.evidence.hayesinc.com
11. Health Technology Assessment: Autologous Fat Grafting for Breast Reconstruction After Breast Cancer Surgery. Hayes; 2020. Reviewed November 13, 2023. Accessed December 12, 2024. www.evidence.hayesinc.com
12. Local Coverage Determination: External Breast Prostheses. Medicare Coverage Database; 2015. LCD ID L33317. Revised January 1, 2024. Accessed December 12, 2024. www.cms.gov
13. Mastectomy, complete: S-860 (ISC). MCG Health; 28th ed. Updated March 14, 2024. Accessed December 12, 2024. www.careweb.careguidelines.com
14. Nahabedian M. Options for autologous flap-based breast reconstruction. UpToDate. Updated April 29, 2024. Accessed December 12, 2024. www.uptodate.com
15. Nahabedian M. Overview of breast reconstruction. UpToDate. Updated May 24, 2023. Accessed December 12, 2024. www.uptodate.com
16. Non-Covered Services, 23-200 Miss. CODE R. § 2.2 (2024).

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

17. Sable MS. Breast conserving therapy. UpToDate. Updated September 11, 2023. Accessed December 12, 2024. www.uptodate.com
18. Toyserkani NM, Jorgensen MG, Tabatabaeifar S, Damsgaard T, Sorensen JA. Autologous versus implant-based breast reconstruction: a systematic review and meta-analysis of Breast-Q patient-reported outcomes. *J Plast Reconstr Aesthet Surg*. 2020;73(2):278-285. doi:10.1016/j.bjps.2019.09.040
19. Zehra S, Doyle F, Barry M, Walsh S, Kell MR. Health-related quality of life following breast reconstruction compared to total mastectomy and breast-conserving surgery among breast cancer survivors: a systematic review and meta-analysis. *Breast Cancer*. 2020;27(4):534-566. doi:10.1007/s12282-020-01076-1

Independent medical review – 04/2019

Approved by DOM 4/14/2025