Post-Mastectomy Surgery and Services Clinical Coverage Criteria

Overview

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The 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 applies to group health plans and individual insurance policies. Group heath plans can either be insured or self-funded. The WHCRA does not apply to Medicare or Medicaid.

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, Fallon Health provides coverage for the following services in a manner determined in consultation with the attending physician and the plan member:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of mastectomy, including lymphedema.

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). Also, despite the title, nothing in the law limits WHCRA entitlements to women.

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. Please consult the individual plan benefits for specific information.

Policy

This Policy applies to the following Fallon Health products:

☒ Commercial
☒ Medicare Advantage
☒ MassHealth ACO
☒ NaviCare
☒ PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has an NCD for Breast Reconstruction Following Mastectomy (140.2). The NCD provides coverage for breast reconstruction following removal of a breast for any medical reason. National Government Services, Inc. has an LCD for Reduction Mammaplasty (L35001) and an LCA Billing and Coding: for Reduction Mammaplasty (A56837). Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a non-cosmetic procedure. Reduction mammaplasty may be performed to reduce the size of the size of a normal breast to bring it into symmetry with a breast reconstructed after cancer surgery. Noridian Healthcare Solutions, LLC has an LCD for External Breast Prostheses (L33317) and an LCA for External Breast Prostheses (A52478) (MCD search 06-30-2021).

For Medicare Advantage and NaviCare plan members, the following services are listed as Services that are Covered in the Evidence of Coverage:
- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Treatment of physical complications of mastectomy, including lymphedemas.

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Fallon Health requires prior authorization for most post-mastectomy surgery and services.

Commercial plan members: The following services are covered for commercial plan members in accordance with the Women's Health and Cancer Rights Act (WHCRA):
- All stages of reconstruction of the breast on which the mastectomy was performed, including but not limited to:
  - Prosthetic implant reconstruction with tissue expander
  - 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 lymphedemas.

MassHealth ACO members: Fallon Health follows the MassHealth Guidelines for Medical Necessity Determination for Breast Reconstruction for MassHealth members.

MassHealth Guidelines link: **Guidelines for Medical Necessity Determination for Breast Reconstruction**

Medicare Advantage, NaviCare and PACE plan members: Fallon Health follows Medicare guidance for breast reconstruction post-mastectomy.

NCD link: **Breast Reconstruction Following Mastectomy (140.2)**

LCD link: **Reduction Mammaplasty (L35001)**
LCA link: **Billing and Coding: for Reduction Mammaplasty (A56837)**

Breast Prostheses
Prior authorization may be required for certain types of prosthesis. 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. 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
Prior Authorization is not required for these specific codes. Fallon Health covers two mastectomy bras (HCPCS code L8000, L8001, or L8002) per calendar year. A post-mastectomy camisole-type undergarment (HCPCS code L8015), 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. Fallon Health covers two post-mastectomy camisole garments per calendar year

Exclusions

- Please note some of the below items may be covered for specific products, please consult the plan benefits for the product for coverage and authorization requirements.
- The additional features of a custom fabricated breast prosthesis (HCPCS code L8035) are not medically necessary. (This is covered for Medicare Products.)
- Nipple prosthesis, silicone or equal, with integral adhesive (HCPCS L8032).

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Code	Description
19316	Mastopexy
19318	Reduction mammaplasty
19324	Mammaplasty, augmentation; without prosthetic implant
19325	Mammaplasty, 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
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
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, any size, any type
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
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
L8039	Breast prosthesis, not otherwise specified

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. Medicare National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2). Effective Date 01/01/1997.
3. Noridian Healthcare Solutions, LLC. LCD for External Breast Prostheses (L33317). Original Effective Date 10/01/2015. Revision Effective Date 01/01/2020.
4. National Government Services, Inc. Local Coverage Determination (LCD): Reduction Mammaplasty (L35001) Original Effective Date 10/1/2015. Revision Effective Date 11/7/2019.
5. National Government Services, Inc. Local Coverage Article (LCA): Reduction Mammaplasty (A56837). Original Effective Date 11/7/2019. Revision Effective Date 1/1/2021.
6. MassHealth Guidelines for Medical Necessity Determination for Breast Reconstruction and Intact Breast Implant Removal. Policy Effective Date March 12, 2018. Available at: https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-breast-reconstruction. Accessed 06/30/2021.

Policy history

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07/10/2021 (Added clarifying language related to Medicare Advantage,NaviCare and PACE under policy section.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates 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.