



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



THE PLASTIC SURGERY
FOUNDATION®

Executive Office

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Dear Chief Executive Officers of America's Largest Commercial Health Insurers,

Over the past year, the American Society of Plastic Surgeons (ASPS) has seen a number of commercial health insurance companies introduce categorical changes to their coverage policies for microsurgical breast reconstruction, and those changes are triggering disturbing reductions in access to this type of care. We are writing to directly request that you take immediate and widespread action to review your internal payment policies, review the composition of your networks, and directly engage with plastic surgeons who offer breast microsurgery to bring or keep them in network and ensure that your beneficiaries do not lose access to microsurgical autologous breast reconstruction.

ASPS is deeply concerned that the private insurance industry is treating the sunset of three HCPCS codes covering microsurgical breast reconstruction, S2066-68, and reporting of the procedure instead under CPT 19364 as an opportunity to reclassify microsurgical breast reconstruction as a lower-level procedure. There should be no difference between your internal value for the procedures covered under S2066-68 and CPT 19364. They are quite literally the exact same procedures, requiring the exact same clinical resources and the exact same substantial level of surgical skill. Yet, we hear from our microsurgeon members – particularly those in private, community-based practices – that private insurance companies are not transferring the current value for microsurgical breast reconstruction along with the change in the code used to report it and are instead shifting to a lower value wherever there is a lower value associated with CPT 19364. We have seen reports of this resulting in as much [as a 90 percent reduction](#) in reimbursement for this type of reconstruction. This is unacceptable, and it places reimbursement at a level where it will not cover many practices' costs for doing microsurgical breast reconstruction.

In terms of autologous reconstruction, the perforator flap techniques like deep inferior epigastric perforator (DIEP) flaps are considered an improvement over their predecessor, the TRAM flap. The evolution of perforator flap technique from transverse rectus abdominis muscle (TRAM) flaps to muscle-sparing TRAM to DIEP flaps aimed to minimize donor morbidities. Unlike TRAM and other types of flap reconstruction, perforator flap procedures are less likely to introduce permanent, severe morbidity in the form of hernia and muscle weakness because perforator flap procedures leave muscle intact to save function. With fewer morbidities, this more advanced procedure helps the patient return to life quicker and without the higher risk of lifelong disability that the TRAM procedure leaves. This shorter return to function is of significant value to you as an insurer.

Long-term outcomes associated with use of perforator flaps are particularly good. Once the tissue transfer has healed and the reconstructed breast has been completed, there is less need for future surgeries, which decreases the long-term costs to an insurer. This is not the case with implant-based breast reconstruction, where complications can necessitate additional surgery and/or replacement on average every 10 years.

Under a devaluation of microsurgical breast reconstruction, patients will suffer. Surgeries have already been cancelled, and some patients have been forced into new, sub-optimal treatment plans. Some plastic surgeons might stop providing autologous breast reconstruction altogether, a development that could impact your companies' ability to meet state and federal network adequacy requirements throughout the country. We are aware of surgeons who have already stopped performing autologous tissue-based breast reconstruction because of poor reimbursements, extensive overhead and procedural time, and the complexity involved in excellent breast reconstructive care. The reductions you are enacting will only compound any access to care problems our patients/your customers may be facing.

ASPS has launched a nation-wide effort to work directly with your companies to discuss the benefits to the health system, the quality of the outcomes, and patient satisfaction associated with microsurgical breast reconstruction. We have developed teams of physicians with expertise in this area who are committed and ready to engage in this discussion. We will be contacting you all individually, but if you want to please let us know your availability for a meeting, you can do so by contacting Erika Adler, ASPS's Coding and Reimbursement Project Manager, via email at eadler@plasticsurgery.org or phone at 847.228.3345.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Greco". The signature is fluid and cursive, with a large initial "G" and "G".

Greg Greco, DO, FACS
President, ASPS

CC: Tich Changamire, MD, PhD, MBA, Chief Marketing Officer, Carefirst
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