

Free Flap Breast Reconstruction

Reimbursement Policy:

Free Flap Breast Reconstruction

Effective Date:

November 15, 2021

Scope:

All products are included, except

- Products where Horizon BCBSNJ is secondary to Medicare (e.g. Medigap)
- Horizon NJ Health
- Flex Link
- ITS Home Par
- ITS Host Medicare Advantage (PPO OON)
- MPL
- COB

All Insured and Administrative Services Only (ASO) accounts are included.

PURPOSE:

To provide billing guidelines for free flap (microvascular) breast reconstructive services. This policy applies to professional claims. This policy applies to participating and non-participating providers.

Definitions:

19364: Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)

S2066*: Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

S2067*: Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral

S2068*: Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

*The temporary HCPCS Level II codes **S2066-S2068** were developed by the Blue Cross/Blue Shield association to report services associated with free flap breast reconstruction surgery. At that time, there was no national code to adequately describe free flap breast reconstruction. Since the development of the temporary 'S' codes, the AMA updated CPT code 19364 to describe free flap breast reconstruction via the techniques described in **S2066-S2068** (GAP, DIEP and SIEA flaps). Further clarification was outlined and is summarized below:

- The American Medical Association (AMA) states in the December 2011 CPT® Assistant that DIEP flap is properly reported using CPT code 19364 *Breast reconstruction with free flap*.

Breast reconstruction with free flap, is the appropriate code to report free flap breast reconstruction, regardless of the specific free flap used. CPT code 19364 is not limited to a particular type of free flap, and it is the code to be used to report any type of free flap breast reconstruction.

- HCPCS Level II codes S2066-S2068 are never payable by Medicare.

Policy

For services rendered **November 15, 2021** and after, Horizon BCBSNJ will no longer accept submission of procedure codes **S2066-S2068** to report breast reconstruction via a free flap and will require providers to submit CPT code **19364**.

Horizon BCBSNJ shall require providers to properly use the coding modifiers -LT, -RT, -50, -62, -80, -81, -82 and -AS on claims for CPT code **19364**.

Horizon BCBSNJ shall not consider for reimbursement unbundled or inclusive procedure codes to 19364. Free flap breast reconstruction with CPT code **19364** includes the following services per American Society of Plastic Surgeons (ASPS) and AMA CPT Guidelines:

- Elevation and transfer of flap
- Creation of the breast pocket
- Muscle dissection
- Closure of donor site
 - Fascial closure with or without mesh
 - Abdominal closure including umbilicoplasty
 - Rectus diastasis repair
- Breast contouring and inset of the flap
- Microvascular transfer which includes identification, exploration, transfer and anastomosis of vessels (The microvascular anastomosis includes up to one artery and two veins)
 - CPT code 69990 should not be reported in conjunction with CPT code 19364
- Rib resection
- Monitoring of the flap intra-operatively and post-operatively

Claims will be subject to post-service review to ensure compliance with this policy.

The procedure codes and nomenclature used in this Policy are subject to revision and/or change by the American Medical Association. In the event of such changes, the Policy will continue to be in force, albeit applied to the new or amended coding so issued until such time as the Policy is reviewed and updated to reflect the new or amended coding.

Procedure:

Horizon BCBSNJ shall deny HCPCS level II codes **S2066-S2068** as of 11/15/2021.

Horizon BCBSNJ shall consider for reimbursement CPT code **19364**.

Horizon BSBCNJ shall deny procedure codes that are unbundled or inclusive to CPT code **19364** as defined in this policy.

Limitations and Exclusions:

While reimbursement is considered, payment determination is subject to, but not limited to:

- Group or Individual benefit
- Provider Participation Agreement
- Routine claim editing logic, including but not limited to incidental or mutually exclusive logic, and medical necessity
- Mandated or legislative required criteria will always supersede.

Resources:

American Medical Association (AMA), *Current Procedural Terminology* (CPT®) and associated publications and services

American Medical Association (AMA), December 2011 CPT® Assistant "CPT Assistant Bonus Feature: Special Q&A"

American Society of Plastic Surgeons, 2017,

["Evidence-Based Clinical Practice Guideline: Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps"](https://www.plasticsurgery.org/documents/medical-professionals/quality-resources/guidelines/guideline-2017-autologous-breast-reconstruction.pdf)
(<https://www.plasticsurgery.org/documents/medical-professionals/quality-resources/guidelines/guideline-2017-autologous-breast-reconstruction.pdf>).



American Society of Plastic Surgeons, December 2020,

["CPT Corner: A look at new changes coming to E&M and breast coding in 2021"](https://www.plasticsurgery.org/documents/medical-professionals/health-policy/psn-cpt-corner_dec-20.pdf)

(https://www.plasticsurgery.org/documents/medical-professionals/health-policy/psn-cpt-corner_dec-20.pdf)



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History:

07/28/2021: Policy approved

Policy148_V1.0_07282021




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


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