



Administrator

Washington, DC 20201

November 9, 2022

The Honorable Debbie Wasserman Schultz
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wasserman Schultz:

Thank you for your letter regarding procedure codes for breast reconstruction surgery and the role of the Centers for Medicare & Medicaid Services (CMS). I greatly appreciate you bringing your concerns to my attention.

By way of background, the Healthcare Common Procedural Coding System (HCPCS) is a standardized coding system used to identify particular items and services on claims submitted to Medicare, Medicaid, and other health insurance programs in a consistent and orderly manner. The HCPCS is divided into two principal subsystems, referred to as HCPCS Level I and HCPCS Level II. The American Medical Association (AMA) develops and maintains the HCPCS Level I codes, otherwise known as Current Procedure Terminology (CPT®) codes. CMS develops and maintains the HCPCS Level II codes, which identify items and certain services that are not identified by CPT® codes.

In 2006, CMS established HCPCS Level II code S2068 to describe breast reconstruction with Deep Inferior Epigastric Perforator (DIEP) and other flap procedures that were not at that time identified by any CPT® codes. However, in 2019, the AMA - at the request of the American Association of Plastic Surgeons - considered whether these flap procedures should be identified instead by CPT® codes. As a result of that review, the AMA revised existing CPT® code 19364 to include DIEP and other similarly advanced flap procedures. Following the revision of CPT® code 19364, CMS planned to discontinue HCPCS Level II code S2068 because the procedures identified by that code are now identified by CPT® code 19364. Through the bi-annual public meeting for non-drugs and non-biological items and services as detailed at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSCODINGPROCESS>, we provided public notice and comment opportunities for our proposal to discontinue code S2068, and on February 16, 2022, we announced our final decision that code S2068 would be discontinued on December 31, 2024. By doing so, we are providing more than a year for a transition period for health care providers and payers to make any necessary adjustments in their coverage policies and claims processing systems related to correct coding for DIEP and other similar flap procedures; to make any needed payment adjustments; and to approach the AMA, if needed, to request valuation recommendations or reexamination of CPT® coding decisions.

I appreciate your interest in this important issue. If you have any additional questions, please contact the CMS Office of Legislation. I also will provide this response to the co-signers of your letter.

Sincerely,

A handwritten signature in blue ink that reads "Chiquita Brooks-LaSure". The signature is written in a cursive, flowing style.

Chiquita Brooks-LaSure