

Breast Surgery

DRAFT



Medicaid Medical Coverage Policy

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Line of Business: Medicaid

State: LA

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Description

Mastectomy is a surgical procedure that involves removing all or part of the breast, usually to treat or prevent breast cancer. There are different types of mastectomies, including total (simple) mastectomy, which removes the entire breast, and modified radical mastectomy, which also removes some of the lymph nodes under the arm.

Breast reconstruction surgery is a surgical procedure performed to rebuild the shape and appearance of the breast following a therapeutic intervention such as mastectomy or after trauma that has resulted in significant loss of breast tissue. This surgery may involve the use of implants, the individual's own tissue (tissue flap), or a combination of both to restore the breast's form and symmetry.

Reduction mammoplasty or breast reduction surgery, reduces the volume and weight of the breasts by removing excess glandular tissue, skin and subcutaneous fat. The goals of the surgery are to relieve symptoms caused by heavy breasts, to create a natural, balanced appearance with normal location of the nipple and areola, to maintain the capacity for lactation and allow for future breast exams/mammograms.

Breast implants are silicone sacs filled with saline (salt water) or silicone gel. The development of scar tissue around a breast implant may necessitate a capsulotomy (surgical opening and release of scar tissue) or capsulectomy (surgical removal of the entire capsule containing the breast implant surrounded by abnormally thick, hardened tissue).

Coverage Determination

Policy:

Mastectomy:

~~Mastectomy or breast conserving surgery is covered when medically necessary.~~

~~Risk-reducing mastectomy to prevent cancer is considered medically necessary for beneficiaries that meet all of the following criteria:~~

~~A high risk of breast cancer, as defined by one or more of the following:~~

- ~~• Positive genetic mutation that is known or likely to confer a high risk of breast cancer (e.g., BRCA1 and BRCA2) where risk-reducing mastectomy is recommended by National Comprehensive Cancer Network guidelines; or~~
- ~~• Significant family history, as defined by meeting the family history criteria listed under "Breast and Ovarian Cancer" within the "Genetic Testing" policy; or~~
- ~~• Prior thoracic radiation therapy at an age less than 30 years old; AND~~
- ~~• a life expectancy greater than or equal to 10 years.~~

Risk-Reducing Mastectomy

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for risk-reducing mastectomy to prevent cancer for the following indications:

- A high risk of breast cancer, as defined by one or more of the following:
 - Positive genetic mutation that is known or likely to confer a high risk of breast cancer (eg, BRCA1 and BRCA2) where risk-reducing mastectomy is recommended by National Comprehensive Cancer Network guidelines; OR
 - Significant family history, as defined by meeting the family history criteria listed under Breast and Ovarian Cancer within the Genetic Testing: Breast and Ovarian Cancer, Familial Adenomatous Polyposis, Lynch Syndrome policy; OR
 - Prior thoracic radiation therapy at an age less than 30 years old; AND
- Life expectancy greater than or equal to 10 years

Breast Reconstruction:

~~Reconstructive breast surgery is covered after a therapeutic intervention (e.g., mastectomy) or trauma resulting in significant loss of breast tissue.~~

~~The following services are considered medically necessary:~~

- Reconstruction of the affected breast;
- Reconstruction of the contralateral breast to produce a symmetrical appearance;
- Prostheses (implanted, external, or both); and
- Treatment of complications of the reconstruction.

All prosthetic implants must be FDA approved and used in compliance with all FDA requirements at the time of the surgery.

Breast Reconstruction

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for the following reconstructive breast treatments after a therapeutic intervention (eg, mastectomy) or trauma resulting in significant loss of breast tissue:

- **Reconstruction of the affected breast**
- **Reconstruction of the contralateral breast to produce a symmetrical appearance**
- **Prostheses (implanted, external, or both)**
- **Treatment of complications of the reconstruction**

All prosthetic implants must be FDA approved and used in compliance with all FDA requirements at the time of the surgery.

~~Reduction Mammoplasty and Removal of Breast Implants:~~

~~Reduction mammoplasty and removal of breast implants for the purpose of breast reconstruction are covered under the above breast reconstruction policy.~~

~~Reduction mammoplasty for purposes other than reconstruction is considered medically necessary when all the following criteria are met:~~

- ~~Pubertal breast development is complete;~~
- ~~A diagnosis of macromastia with at least 2 of the following symptoms for at least 12-week duration:~~
 - ~~Chronic breast pain,~~
 - ~~Headache,~~
 - ~~Neck, shoulder, or back pain,~~
 - ~~Shoulder grooving from bra straps,~~
 - ~~Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area,~~
 - ~~Thoracic kyphosis,~~
 - ~~Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management, or~~
 - ~~Congenital breast deformity,~~
 - ~~There is a reasonable likelihood that the symptoms are primarily due to macromastia, and~~

- The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms.

Removal of breast implants for purposes other than reconstruction is considered medically necessary for the following indications:

- Visible capsular contracture causing pain (Baker Grade IV),
- Diagnosed or suspected implant rupture,
- Local or systemic infection,
- Siliconoma or granuloma,
- Implant extrusion,
- Interference with the diagnosis or treatment of breast cancer,
- Breast implant associated anaplastic large cell lymphoma.

If an indication for medically necessary removal of breast implants is present unilaterally, removal of the contralateral breast implant is also considered medically necessary when performed during the same operative session.

When the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast, reduction mammoplasty and removal of breast implants are considered cosmetic and not medically necessary.

Reduction Mammoplasty

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for reduction mammoplasty for purposes other than reconstruction when the following criteria are met:

- **Pubertal breast development is complete; AND**
- **A diagnosis of macromastia with at least 2 of the following symptoms for at least 12- week duration:**
 - **Chronic breast pain; OR**
 - **Headache; OR**
 - **Neck, shoulder, or back pain; OR**
 - **Shoulder grooving from bra straps; OR**
 - **Upper extremity paresthesia due to brachial plexus compression syndrome, secondary to the weight of the breasts being transferred to the shoulder strap area; OR**
 - **Thoracic kyphosis; OR**
 - **Persistent skin condition such as intertrigo in the inframammary fold that is unresponsive to medical management; OR**
 - **Congenital breast deformity**

AND

- **There is a reasonable likelihood that the symptoms are primarily due to macromastia; AND**

- The amount of breast tissue to be removed is reasonably expected to alleviate the symptoms

Breast Implant Removal

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for removal of breast implants for purposes other than reconstruction for the following indications:

- Visible capsular contracture causing pain (Baker Grade IV)
- Diagnosed or suspected implant rupture
- Local or systemic infection
- Siliconoma or granuloma
- Implant extrusion
- Interference with the diagnosis or treatment of breast cancer
- Breast implant-associated anaplastic large cell lymphoma

If an indication for medically necessary removal of breast implants is present unilaterally, removal of the contralateral breast implant shall also be considered medically necessary when performed during the same operative session.

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for reduction mammoplasty and/or removal of breast implants when the procedure is not reconstructive and is performed solely for the purpose of altering the appearance of the breast as these are considered cosmetic and not medically necessary.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	
11970	Replacement of tissue expander with permanent implant	

11971	Removal of tissue expander without insertion of implant	
19316	Mastopexy	
19318	Breast Reduction	
19325	Breast augmentation with implant	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	
19342	Insertion or replacement of breast implant on separate day from mastectomy	
19350	Nipple/areola reconstruction	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
19361	Breast reconstruction; with latissimus dorsi flap	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	
19396	Preparation of moulage for custom breast implant	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPSC Code(s)	Description	Comments
No code(s) identified		

References

~~1. Louisiana Department of Health Bureau Financing. Louisiana Medicaid Managed Care Organization (MCO) Manual, Breast Surgery (4/12/2024). Professional Services, Chapter Five of the Medicaid Services Manual (8/9/2024). Accessed (9/26/2024).~~

1. **Louisiana Department of Health (LDH). Louisiana Medicaid Managed Care Organization (MCO) Manual. Part 4: Professional Services - Breast Surgery. <https://ldh.la.gov>. Updated April 23, 2025.**

Change Summary

~~Version Control:~~

~~8.22.22: Policy Creation-Approved by LDH for Readiness~~

~~5.15.23: Approved by LA UM Committee~~

~~9.5.23: Changed to new template for Annual Review Due by 5.15.24. MCD Clinical Delivery Experience~~

~~1/12/24: Minor changes made. MCD Clinical Delivery Experience~~

~~9/26/24: Annual Review, minor grammatical changes and updated references to most recent edition reviewed~~

09/02/2025 Annual Review, No Coverage Change. New Clinical Coverage Policy Template Edits align with state-specific content

~~Non-Compliance:~~

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~