

Breast Reconstruction

Surgery of Primary Site - Part Two

Volume 1, Surgery of Primary Site - Section VI.2.1 & Appendix Q.2-Breast

1 Breast reconstruction surgery may be performed in multiple stages/procedures (usually two) over a period of several months, referred to as “staged reconstruction”. Alternatively reconstruction may not begin until after all recommended therapy to treat the cancer has been completed, referred to as “delayed reconstruction”.

2 When reconstruction is planned as part of first course treatment code both the surgery and reconstruction whether is it done at the time of mastectomy or later.

Example: 3/1/2016 Simple mastectomy. MD notes breast reconstruction planned after radiation.

10/12/16 Breast reconstruction via TUG. Code surgery to 44-simple mastectomy & tissue reconstruction.

3 The “Implant” surgery code refers to permanent prosthetic implants (gel, saline, silicone, etc.) and not tissue expander implants. Placement of tissue expanders are frequently used in reconstruction to prepare the breast for subsequent reconstruction with either a prosthetic implant, tissue reconstruction, or a combination of both. However, the tissue expander itself is not coded. Tissue expanders and prosthetic implants may both be referred to as “implants”, therefore it is important to distinguish which is being described when reviewing records.

Example: 2/1/17 Simple mastectomy and insertion of expander implant. 6/12/17 Breast reconstruction with LD Flap. Code surgery to 44-Simple mastectomy with tissue reconstruction.

4 If the operative report or medical record states reconstruction will be done later, or if a tissue expander is inserted during the mastectomy, review records for information on type of reconstruction planned and code accordingly. Note: Tissue expander placement indicates reconstruction is planned, even if not explicitly stated.

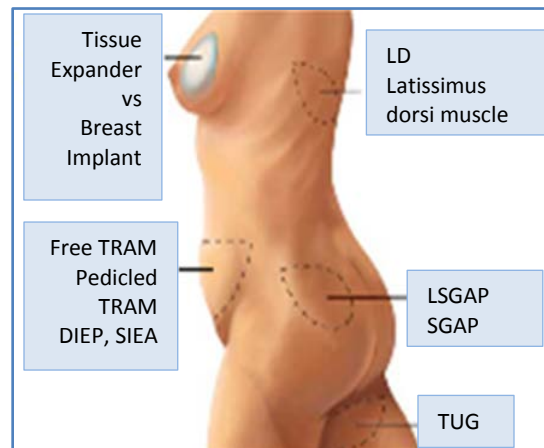
Example: 4/1/17 MRM with expander implant placement. Saline implant prosthesis will follow when tissue expansion complete. Code surgery to 55-MRM with implant reconstruction.

Note: If specific type of planned reconstruction is unknown, use appropriate Reconstruction NOS code. Update surgery code accordingly if more specific information becomes available.

5 “Tissue” reconstruction aka “FLAP” procedures involve transferring human tissue such as muscle, fat and skin from another part of the patient’s body.

• **Flap procedures (autologous tissue reconstruction):**

- **LD** (latissimus dorsi) flap: A muscle flap, with or without attached skin, is elevated off the back and brought around to the front chest wall. Used to provide soft tissue to allow complete coverage of an underlying implant.
- **TRAM** (transverse rectus abdominus myocutaneous) flap: carries the lower abdominal skin and fat up to the chest wall. A pedicled (or attached) TRAM flap is similar, however the flap is left attached to its original blood supply.
- **DIEP** (Deep Inferior Epigastric artery Perforator) flap uses complete tissue-blood vessels, skin and fat from patient’s lower abdomen as donor tissue.
- **SIEA** (Superficial Inferior Epigastric Artery) flap. Both DIEP and SIEA use the same tissue as a TRAM but do not require removal of any muscle.
- **S-GAP** and **LS-GAP** (Gluteal Artery Perforator) flap: utilizes skin and fat from the buttocks (not muscle).
- **TUG** (Transverse Upper Gracilis) flap: utilizes skin, fatty tissue and sometimes muscle from inner thigh



Breast Surgery with Reconstruction continued:

6 During a mastectomy, occasionally a portion of existing breast skin/tissue is fashioned to create a pocket (sometimes described in reports as a “flap”) to facilitate an expander or prosthesis. This should not be coded as tissue reconstruction since it is not tissue transferred from another part of the body.

Example: Unilateral left simple mastectomy; excess lateral breast skin was reserved and flap fashioned for tissue expander. Saline implant planned. Code surgery to 45-simple mastectomy with implant.

7 Grafts are natural and artificial tissue or products used to aid and improve the outcome of reconstructive surgery. However, they are not coded in either the tissue or implant reconstruction surgery codes.

- **Free Nipple Graft:** Nipple/areolar complex is removed & subsequently re-grafted to reconstructed breast. A free nipple graft is considered part of the *cosmetic* reconstruction of the breast.

Example: Patient has skin sparing mastectomy with removal of the nipple and areolar complex followed by insertion of a silicone implant; the nipple complex is then grafted back onto the breast to conclude reconstruction. Code surgery to 45-simple mastectomy with implant only.

- *Note: The procedure in the example above is coded as a simple mastectomy and not as a nipple-sparing mastectomy (code 30). During a nipple-sparing mastectomy, the nipple is left in place during the mastectomy and does not have to be grafted back on.*

- **AlloDerm graft** is a regenerative acellular dermal tissue matrix sometimes used with implant reconstruction and *is not coded* to either tissue or implant reconstruction.

Example: Left MRM performed and tissue expander placed. Subsequent reconstruction with prosthetic gel implant and AlloDerm sling reconstruction. Code surgery to 55-MRM and implant only.

8 **General Reconstruction Notes:**

- When patient undergoes any type of autologous tissue reconstruction such as a “Flap” procedure preceded by a temporary tissue expander, this does not change the surgery code (the expander implant is not coded). Surgery is coded to **“tissue”** [only] reconstruction.
- When patient has reconstruction with placement of a prosthetic (permanent) implant, surgery is coded to **“implant”** [only] reconstruction. Note: a tissue expander may or may not have preceded the artificial implant, this does not change the surgery code. Additionally, not all prosthetic implants are preceded by a tissue expander.
- When an autologous tissue reconstruction procedure was performed (as described in #5) *AND* a permanent artificial *prosthetic* implant was also placed, code surgery to **combined tissue and implant**.

Example: MRM followed by reconstruction via TUG flap and gel implant. Code surgery to 56-combined tissue and implant.

9 **If the uninvolved contralateral breast was removed, don’t forget to include this info when selecting your code.**

Example: Bilateral simple mastectomies for left breast cancer. Breasts reconstructed with prosthetic implants. Surgery code is 49 (simple mastectomy/removal of contralateral uninvolved breast & implant reconstruction).

10 **Suggested SINQ References for review: 20000421, 20081008, 20110094, 20150011, 20170034**