

CHAPTER 3
SECTION 2.6

POSTMASTECTOMY RECONSTRUCTIVE BREAST SURGERY

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I. PROCEDURE CODE RANGE

19160 - 19240, 19340 - 19499 (For post-mastectomy reconstruction surgery)
19316, 19318, 19324 - 19325 (For contralateral symmetry surgery)

II. DESCRIPTION

Breast reconstruction consists of both mound reconstruction, nipple-areola reconstruction and areolar/nipple tattooing.

III. POLICY

A. Payment may be made for post-mastectomy reconstruction of the breast **following a mastectomy.**

B. Payment may be made for contralateral symmetry surgery (i.e., reduction mammoplasty, augmentation mammoplasty, or mastopexy performed on the other breast to bring it into symmetry with a post-mastectomy reconstructed breast).

*NOTE: **Services** related to the reduction of the contralateral breast in post-mastectomy reconstructive breast surgery are not subject to the regulatory exclusion for mammoplasties performed primarily for reasons of cosmesis.*

C. **Treatment of complications following reconstruction (including implant removal) regardless of when the reconstruction was performed, and complications that may result following symmetry surgery, removal and reinsertion of implants are covered.**

D. **External surgical garments (specifically designed as a an integral part of an external prosthesis) following a mastectomy is considered a medical supply item and is covered.**

*NOTE: **Benefits are subject to the first post-mastectomy bra and one replacement post-mastectomy bra per calendar year.***

E. **Implant material and customized external breast prostheses** must be approved by the Food and Drug Administration.

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