

POSTMASTECTOMY RECONSTRUCTIVE BREAST SURGERY

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I. CPT¹ PROCEDURE CODES

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 covered 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 the 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 an integral part of an external prosthesis) are considered medical supply items and are covered in lieu of reconstructive breast surgery.

NOTE: Benefits are subject to two initial mastectomy bras and two replacement mastectomy bras per calendar year.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 5.2

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E. Breast prosthesis is limited to the first initial device per missing body part. Requests for replacements are subject to medical review to determine reason for replacement.

F. U.S. Food and Drug Administration (FDA) approved implant material and customized external breast prostheses are covered.

G. Breast Magnetic Resonance Imaging (MRI) to detect implant rupture is covered. The implantation of the breast implants must have been covered by TRICARE.

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