

BREAST RECONSTRUCTION FREE FLAP PROCEDURE (Professional)

Scope		
This policy applies to:		
☑ Kaiser PermanenteHealth Plan ofWashington	⊠ Kaiser Permanente Health Plan of Washingt Options, Inc.	ton
□ Commercial		☐ Medicaid
Policy	Original Effective Date: 04/01/2022	

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Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not reimburse services for breast reconstruction free flap procedure when billed with HCPCS codes S2066; S2067 and S2068 unless otherwise specified by the specific contract terms. These HCPCS codes are reimbursable under CPT code 19364.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Providers are required to properly use coding modifiers on claims billed with CPT 19364.

Policy Definitions

19364 – Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)

S2066 – Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

S2067 – Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral

S2068 – Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

Prerequisite(s)

Not applicable

References

<u>Evidence-Based Clinical Practice Guideline: Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps</u>

A look at new changes coming to E&M and breast coding in 2021

Frequently Asked Questions

Not applicable

Revision History

10/31/2022 - New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.