

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-030
Subject: Insertion of Tissue Expanders
Effective Date: March 5, 2018 **End Date:**
Issue Date: July 24, 2023 **Revised Date:** July 2023
Date Reviewed: July 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

REIMBURSEMENT GUIDELINES:

A tissue expander is a device that is surgically implanted to prepare tissue for further surgery such as the insertion of permanent breast prosthesis or the subcutaneous repair of other body defects. Once the desired results are achieved, the tissue expander is removed (code 11971) and the subsequent reconstructive surgery is performed. For the replacement of a tissue expander with permanent prosthesis, use code 11970.

When performed in conjunction with breast surgery, the insertion of a tissue expander is included in the breast reconstructive procedures (codes 19357 and 19361).

When the insertion of a tissue expander (code 11960) is performed and billed separately on the same day with other reconstructive surgery, multiple surgery guidelines will apply. See reimbursement policy RP-014 Multiple Surgical Procedures for more information on multiple surgery guidelines.

It is also necessary for a doctor to periodically inject saline solution into the tissue expander in order to achieve the required results. Injections given during the postoperative period are included in the surgical allowance for the insertion of the expander (codes 11960, 19357 and 19361). Therefore, separate reimbursement for these injections of saline solution will not be made. A participating or network provider cannot bill the member separately for the injections.

Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

DEFINITIONS:

Modifier	Definition
59	Distinct procedural service.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU
- RP-014: Multiple Surgical Procedures
- RP-035: Correct Coding Guidelines

REFERENCES:

- Aesthetic results and patient satisfaction with immediate breast reconstruction using tissue expansion: a follow-up study, Plastic Reconstructive Surgery, Vol. 99, No. 3, 3/99
- A pump for use with tissue expansion in breast reconstruction, Annals R Coll. Surg. Eng., Vol. 80, No. 1, 1/98
- Choice of technique for reconstruction, Clinical Plastic Surgery, Vol. 25, No. 2, 4/98
- Molecular basis for tissue expansion: clinical implications for the surgeon, Plastic Reconstructive Surgery, Vol. 102, No. 1, 7/98

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
6 / 2022	Removed CPT 90799 from policy
7 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

HISTORY VERSION



Bulletin Number: RP-030
Subject: Insertion of Tissue Expanders
Effective Date: March 5, 2018
Issue Date: July 11, 2022
Date Reviewed: June 2022
Source: Reimbursement Policy

End Date:
Revised Date: June 2022

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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When performed in conjunction with breast surgery, the insertion of a tissue expander is included in the breast reconstructive procedures (codes 19357 and 19361).

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RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU
- RP-014: Multiple Surgical Procedures

REFERENCES:

- Aesthetic results and patient satisfaction with immediate breast reconstruction using tissue expansion: a follow-up study, Plastic Reconstructive Surgery, Vol. 99, No. 3, 3/99
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POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
6 / 2022	Removed CPT 96799 from policy

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-030
Subject: Insertion of Tissue Expanders
Effective Date: March 5, 2018
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

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REIMBURSEMENT GUIDELINES:

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Note: Modifier 59 may be reported with a non-E/M service, to identify it as distinct or independent from other non-E/M services performed on the same day. When modifier 59 is reported, the patient's medical records must support its use in accordance with CPT guidelines.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU
- RP-014: Multiple Surgical Procedures

REFERENCES:

- Aesthetic results and patient satisfaction with immediate breast reconstruction using tissue expansion: a follow-up study, Plastic Reconstructive Surgery, Vol. 99, No. 3, 3/99
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POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy

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Applicable Medicare Advantage Market	PA <input type="checkbox"/>	WV <input type="checkbox"/>	
Applicable Claim Type	UB <input type="checkbox"/>	1500 <input checked="" type="checkbox"/>	

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

REIMBURSEMENT GUIDELINES:

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This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU
- Reimbursement Policy RP-014: Multiple Surgical Procedures

REFERENCES:

- Aesthetic results and patient satisfaction with immediate breast reconstruction using tissue expansion: a follow-up study, *Plastic Reconstructive Surgery*, Vol. 99, No. 3, 3/99
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- Choice of technique for reconstruction, *Clinical Plastic Surgery*, Vol. 25, No. 2, 4/98
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HISTORICAL