

April 3, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human
Services 200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Brooks-LaSure:

The undersigned organizations, advocates for individuals in need of breast reconstruction who seek access to quality care, write today to urge reversal of the elimination of a procedure code for deep inferior epigastric perforator (DIEP) flap breast reconstruction surgery. We ask the Centers for Medicare & Medicaid Services (CMS) to reinstate code S2068, as its elimination has already threatened access to DIEP flap surgery. If action is not taken, we fear that DIEP flap surgery, a reconstruction surgery preferred by many individuals, will no longer be an option for any except those who can pay out-of-pocket for the surgery. Removing code S2068 also has the potential to exacerbate disparities in access to quality breast cancer care.

Some of us were involved in passage of the Women's Health and Cancer Rights Act of 1998, and all of us have been engaged in the years since to make the protections of that law a reality for patients who choose breast reconstruction in connection with a mastectomy. A key element of our efforts has been providing these patients with access to information about breast reconstruction options so that they can make informed decisions about the best option for them, if they wish to undergo reconstruction.

Patient education regarding breast reconstruction includes a review of options, including implant-based reconstruction or autologous reconstruction, using a patient's own tissue for reconstruction. Individuals undergoing mastectomy have benefited significantly from improvements in surgical techniques, including the development of the DIEP flap reconstruction technique. For many, DIEP flap reconstruction is their preference because it may avoid the use of a breast implant and has positive patient outcomes including reduced hospitalization, quicker recovery times, faster return to work, and overall better quality of life than with other autologous options. The DIEP is preferred by many over transverse rectus abdominis (TRAM) flap surgery, a traditional form of autologous reconstruction surgery. TRAM flap, which removes all or part of an individual's core muscles, may result in long-term disability, long hospitalization, decreased strength, and hernia formation. DIEP is also a critically important option for individuals seeking reconstruction who either have received or will need radiation treatment.

CMS reports that the discontinuation of the three S codes related to breast reconstruction – including S2068 for DIEP flap or superficial inferior epigastric artery (SIEA) flap – was requested by the Blue Cross and Blue Shield Association. This request was considered during the 2021 HCPCS Coding Cycle, including at a public meeting. CMS further reports that it has decided to eliminate three S codes (S2066, S2067, and S 2068) on December 31, 2024. Instead, CPT® code 19364 will be used for autologous flap breast reconstruction procedures.

In a response to Members of Congress who requested reconsideration of the elimination of code S2068, CMS stressed that it was providing more than a year transition period for providers and payers to make adjustments in coverage policies and claims processing systems and to make any needed payment

adjustments. We can report on how that transition period has been proceeding to date. Payers are moving quickly to utilize CPT® code 19364 and effectively reduce payment and essentially eliminate coverage for DIEP flap. Surgeons report that payers are not engaging with them to make needed payment adjustments for 19364.

The patients we represent report that DIEP flap is increasingly not an option for them. Many are simply no longer offered the option of DIEP flap surgery. Those who are provided the option or who learn about it and seek to have the surgery find that access may depend on their ability to self-pay. If these patients receive prior authorization for DIEP flap surgery, their hospital may not accept the rate of payment for code 19364.

As advocates for individuals in need of breast reconstruction, we engage in policy activities to improve patient access to quality breast cancer care. However, we have not to date been actively engaged in development, revision, and implementation of payment codes. As a result, we were not at the HCPCS meeting where breast reconstruction S codes were discussed. If we had been, we would have explained the importance of DIEP flap as a reconstruction surgery option and the need for code S2068 to guarantee coverage and payment. Now that we have experienced a crash course in coding for breast reconstruction surgery, we raise our voices to urge a reversal of the decision to eliminate code S2068.

Retention of code S2068 is an action that would be consistent with the patient-centric goals of CMS. Retention of the code would prevent exacerbation in disparities in access to breast reconstruction surgery. Retention of the code would honor the Cancer Moonshot goals of helping “patients and families have the best experience possible while living with and surviving cancer, and to improve patient outcomes.”

We look forward to hearing from you soon, and we stand by to meet with you at your convenience to share our perspective on coding and payment for breast reconstruction surgery.

Sincerely,

Patient Advocacy Organizations

Breastoration
Aimed Alliance
Annie Appleseed Project
Breast Cancer Prevention Partners
Breast Implant Safety Alliance (BISA)
Breastcancer.org
Cactus Cancer Society
Cancer Support Community
CancerCare
Community Breast Reconstruction Alliance
DIEP Flap Support Group
DiepCFoundation.org
Family Reach
FORCE: Facing Our Risk of Cancer Empowered
Going Beyond the Pink
Lazarex Cancer Foundation

Living Beyond Breast Cancer
METAvivor Research and Support, Inc.
Midlothian Moms
National Coalition for Cancer Survivorship
Not Putting on a Shirt
NothingPink
Patient Empowerment Network
SHARE Cancer Support
Sharsheret
Sisters Network, Inc.
Stand Tall AFC
Susan G. Komen
The Breasties
The Young Breast Cancer Project
Tigerlily Foundation
Triage Cancer
Virginia Breast Cancer Foundation
Young Survival Coalition

Health Care Professionals

Academy of Oncology Nurse & Patient Navigators
American Academy of Physician Associates
American Society of Breast Surgeons Foundation
Association of Community Cancer Centers
Association of Physician Assistants in Oncology
Association of Physician Associates in Obstetrics and Gynecology
Association of Plastic Surgery PAs
California Society of Plastic Surgeons
Community Oncology Alliance
Northwest Society of Plastic Surgeons
Texas Medical Association
Washington Society of Plastic Surgeons
Advanced Reconstructive Care, LLC
Aesthetic Center for Plastic Surgery
Austin Breast Imaging
Austin Face and Body
Austin Plastic & Reconstructive Surgery
Avraham Plastic Surgery
BASS Medical Group
Breast Body Beauty Plastic & Reconstructive Surgery
Breast Cancer High Risk Program, SUNY Upstate Medical University
Cardinal Plastic Surgery
Center for Restorative Breast Surgery
ChristianaCare
Comprehensive Breast Center of Arizona
Cusimano Plastic Surgery
Division of Plastic & Reconstructive Surgery, LSU, New Orleans
Elizabeth Institute
Epic Care Plastic Surgery
Ford Plastic & Reconstructive Surgery
Greenwich Hospital
Guste Plastic Surgery
Hanemann Plastic Surgery
Harbor-UCLA Medical Center
Hartford Healthcare
Mass General Brigham
Mercy Medical Center
Methodist Hospital
Mission Health
Moffitt Cancer Center
Monmouth Medical Center

Northwest Breast Center, Spokane, WA
NYBRA Plastic Surgery
Pink Lotus Breast Center
Plastic & Reconstructive Surgery at Mercy Plastic Surgery Clinic, Denver, CO
Plastic Surgery Northwest
PRMA Plastic Surgery
Providence Cancer Institute
Radiology Partners
Regional Plastic Surgery Center
Revalla Plastic Surgery
Revitalize Plastic Surgery
Rose Imaging Specialists
Rush University Division of Plastic Surgery
RVA Plastic Surgery
Samra Plastic Surgery
San Francisco Plastic Surgery
Select LTC Pharmacy
Snyder Plastic Surgery
South Georgia Medical Center
Southwest Breast and Aesthetics
St. Catherine of Siena Hospital
St. David's HealthCare
St. David's Medical Center
Taylor Plastic Surgery
Texas Breast Specialists
Texas Oncology PA
The Center for Natural Breast Reconstruction
The Institute for Advanced Breast Reconstruction
The Plastic & Reconstructive Surgery Group
Tulane University Medical Center Division of Plastic Surgery
UK HealthCare
University of Florida
University of Southern California
University of Washington Center for Reconstructive Surgery
V Plastic Surgery
Vanderbilt University Medical Center
Wildflower Breast Center, PLLC
Women's Cancer and Wellness Institute
Yates Institute of Plastic Surgery
Zampell Plastic Surgery
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April 26, 2023

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David Cordani, CEO
Cigna Health

Karen S. Lynch, CEO
CVS Health

Gail K. Boudreax, CEO
Elevance Health

Patrick Geraghty, CEO
Guidewell

Maurice Smith, CEO
Health Care Service Corporation

David Holmberg, CEO
Highmark Health

Bruce Broussard, CEO
Humana

Gregory Deavons, CEO
Independence Health Group

Greg A. Adams, CEO
Kaiser Permanente

Joseph Zubretsky, CEO
Molina Healthcare

Ken Provencher, CEO
Pacific Source

Andrew Witty, CEO
UnitedHealth Group

Brian Thompson, CEO
UnitedHealthcare

Cory R. Harris, CEO
Wellmark

Chief Executive Officers of America's Largest Commercial Health Insurers:

We write today encouraging you to take action to engage with people who have survived cancer and had or need breast reconstruction, review how your internal payment policies have impacted those people and evaluate the composition of your networks in order to work with breast microsurgeons to keep or bring them in network. We believe these steps are necessary to ensure that your enrollees – people who are trying to recover from cancer – do not lose access to microsurgical autologous breast reconstruction.

Over the past year, the undersigned organizations have seen several commercial health insurance companies introduce categorical changes to their coverage policies for microsurgical breast reconstruction. These changes are triggering disturbing reductions in access to this type of care. Together, we represent breast cancer patients, cancer care advocates, and healthcare providers from throughout the breast cancer care continuum. We are working to raise awareness of reductions in access to autologous breast reconstruction and support public and health insurance company policy changes that make that option available to all people who have a mastectomy and want to undergo breast reconstruction.

Microsurgical breast reconstruction techniques like deep inferior epigastric perforator (DIEP) flaps are considered an improvement over their predecessor, the transverse rectus abdominis muscle (TRAM) flap. This improved procedure helps a patient return to life quicker and without the higher risk of lifelong disability that comes with the TRAM flap, and it is typically accomplished with just one procedure, unlike reconstruction options involving prostheses. For these and other reasons, microsurgical breast reconstruction is objectively very good for patients, and you should be working to increase access to it.

Yet, planned autologous reconstruction surgeries have already been cancelled as a direct result of policy changes at private health insurance companies. This means some people affected by breast cancer will be

forced into treatment plans that differ from their preferred approach, their choice. For some people, no breast reconstruction option will be available, because if someone receives radiation treatment or needs wide skin resection, that often means autologous reconstruction is their only option. We find that deeply concerning and representative of a health care access problem that should and can be addressed. Please reverse course and ensure every person who receives a mastectomy has all reconstructive approaches available as a treatment option.

Microsurgical breast reconstruction offers tremendous advantages to patients and to the health system through the quality of outcomes associated with it and reported patient satisfaction; we have experts, advocates, and patients who are committed and ready to talk with you in detail about those advantages. While some of our organizations are conducting meetings with some of your companies on this issue at the medical management level, we encourage you all to **proactively host individual company town hall discussions with stakeholder groups impacted by any changes your company may have enacted or may be considering to its reimbursement policies for breast reconstruction**. We urge you to, at minimum, talk to your beneficiaries and others who survived breast cancer only to lose access to the reconstructive approach of their choice. This is the *only* way you can adequately understand the impacts of these changes, which go far beyond internal company coding processes or dollars and cents. The reverberations of these changes touch people's psychosocial and physical well-being, broad questions about healthcare access, and the potential exacerbation of profound disparities and inequities that already impact many communities at an unacceptable level, particularly minority women.

Thank you for your consideration of our request. We sincerely hope we have an opportunity to speak at length with each of your companies soon.

Sincerely,

The Breasties

Breastoration

Breast Implant Safety Alliance

Community Breast Reconstruction Alliance

Curémonos

DiepCJourney Foundation

FORCE: Facing Our Risk for Cancer Empowered

Living Beyond Breast Cancer

National Coalition for Cancer Survivorship

NothingPink, South Carolina

Patient Empowerment Network

SHARE Cancer Support

Sharsheret

Susan G. Komen

Triage Cancer

Triple Negative Breast Cancer Foundation

The Young Breast Cancer Project

Virginia Breast Cancer Foundation

American Association of Tissue Banks

American Society of Breast Surgeons
American Society of Plastic Surgeons
American Society of Reconstructive Microsurgery
Arizona Society of Plastic Surgeons
California Society of Plastic Surgeons
Connecticut Society of Plastic Surgeons
Florida Society of Plastic Surgeons
Georgia Society of Plastic Surgeons
Illinois Society of Plastic Surgeons
Louisiana Society of Plastic Surgeons
Maryland Society of Plastic Surgeons
Massachusetts Society of Plastic Surgeons
Minnesota Society of Plastic Surgeons
Mountain West Society of Plastic Surgeons
New England Society of Plastic and Reconstructive Surgeons
New Jersey Society of Plastic Surgeons
New York Regional Society of Plastic Surgeons
New York State Society of Plastic Surgeons
North Carolina Society of Plastic Surgeons
Northeastern Society of Plastic Surgeons
Northwest Society of Plastic Surgeons
Ohio Valley Society of Plastic Surgeons
Robert H. Ivy Society of Plastic Surgeons
Southeastern Society of Plastic & Reconstructive Surgeons
South Carolina Society of Plastic Surgeons
Tennessee Society of Plastic Surgeons
Texas Society of Plastic Surgeons
Virginia Society of Plastic Surgeons
Washington Society of Plastic Surgeons
Wisconsin Society of Plastic Surgeons

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