PROVIDENCE HEALTH PLANS AND PROVIDENCE HEALTH ASSURANCE MEDICAL POLICY

<table>
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<tr>
<th>Effective Date: 5/1/2018</th>
<th>Autologous Fat Transfer</th>
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<td>Section: SUR</td>
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<td>Policy No: 117</td>
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<td>Technology Assessment Committee Approved Date: 7/11; 2/12; 9/12; 7/13; 10/13; 1/14; 8/14; 8/15; 12/15; 3/16</td>
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<td>Medical Policy Committee Approved Date: 4/17; 4/18</td>
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<td>Medical Officer Date</td>
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See Policy CPT CODE section below for any prior authorization requirements

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Providence Health Assurance (PHA) utilizes the Oregon Health Plan (OHP) Prioritized List and Oregon Administrative Rules (OARs) as the primary source of guidance for coverage determinations for services requested for OHP members. See OHP guidelines for coverage and non-coverage criteria. Medical policy criteria below may be applied to OHP members when medical necessity review is required by, or is lacking from, the OHP guidelines.

For other lines of business, refer to the Policy Criteria section below.

POLICY CRITERIA

I. Autologous fat transfer for breast reconstruction is considered **medically necessary and covered** for breast reconstruction related to any of the following:
   A. Lumpectomy, or a partial or total mastectomy; or
   B. Traumatic injury or surgery of the affected breast which results in an asymmetrical change in breast shape or development compared to the contralateral breast; or
   C. To correct a congenital or developmental breast abnormality, which is known to affect normal breast growth.

II. Autologous fat transfer not associated with breast reconstruction, which does not meet criterion I. above, is considered **cosmetic and is not covered**.
BILLING GUIDELINES

CPT codes 15770 and 15877-15879 should not be used to bill for autologous fat transfer. These codes will be denied as not medically necessary if billed for this service. 20926 includes harvest and placement of the graft.

CPT CODES

<table>
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<tr>
<th>All Lines of Business</th>
<th>No Prior Authorization Required</th>
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<tr>
<td>20926</td>
<td>Tissue grafts, other (eg, paratenon, fat, dermis)</td>
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DESCRIPTION

Autologous Fat Grafting for Breast Reconstruction

According to a 2017 Hayes technology review:¹

“Autologous fat grafting (AFG) uses the patient’s own body fat to fill and correct volume loss or contour deformities of the breast caused by surgical tumor removal and/or breast reconstruction procedures. The procedure involves harvesting fat from the abdomen, thighs, buttocks, or flank; processing the harvested fat to remove blood, oil, and debris; and injecting the processed fat into the target breast area(s). Despite a growing uptake in the use of AFG among patients having undergone surgery for breast cancer, questions remain regarding the safety of the procedure. Some in vitro studies have indicated that adipocytes and their associated milieu may directly stimulate tumor growth and progression, and adipose-derived stem cells within the graft may increase the risk of malignant transformation.²¹

The medical necessity criteria regarding the use of autologous fat transfer for breast reconstruction are primarily based on the Women’s Health and Cancer Rights Act (WHCRA) of 1998. The WHCRA requires all insurance carriers that cover mastectomies to also cover the following, in consultation with the attending physician and patient:²³

“All stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.”²³

REVIEW OF EVIDENCE

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of autologous fat transfer for conditions other than breast reconstruction. Below is a summary of the available evidence identified through February of 2018.
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There is a paucity of evidence which evaluates the use of autologous fat grafting to treat conditions not associated with breast reconstruction. Studies are limited by small sample size, short-term follow-up, heterogeneity of conditions treated, lack of comparison group and lack of randomization. Further prospective studies are needed to understand the clinical utility of fat transfer as a treatment of conditions not associated with breast reconstruction after lumpectomy, partial or total mastectomy.

**CLINICAL PRACTICE GUIDELINES**

No evidence-based clinical practice guidelines were identified which address autologous fat transfer no associated with breast reconstruction.

**CENTERS FOR MEDICARE & MEDICAID**

As of February 26, 2018 no Centers for Medicare & Medicaid (CMS) coverage guidance was identified which addresses autologous fat transfer for any condition, including breast reconstruction.

**INSTRUCTIONS FOR USE**

Providence Health Plan (PHP) and Providence Health Assurance (PHA) Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. PHP and PHA Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. PHP and PHA reserve the right to determine the application of Medical Policies and make revisions to its Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHP and PHA Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

**REFERENCES**

1. Hayes Health Technology Brief, Autologous Fat Grafting for Breast Reconstruction After Breast Cancer Surgery; Published: 8/27/2015; Reviewed: 7/31/2017; Accessed 2/26/2018; [Link](#).
2. U.S. Department of Labor; Employee Benefits Security Administration; FAQs about Women’s Health and Cancer Rights; Accessed: 1/22/2018; [Link](#).
3. Your Rights After Mastectomy; U.S. Department of Labor; Employee Benefit and Security Administration; Accessed: 1/22/2018; Link.