

The Department of Vermont Health Access Medical Policy

Subject: Nipple Tattooing with Breast Reconstruction Surgery

Last Review: October 3, 2016*

Revision 3:

Revision 2:

Revision 1:

Original Effective: November 2, 2015

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Nipple tattooing is the process of intradermal introduction of insoluble opaque pigments to restore the natural appearance of the nipple and areola after breast reconstruction surgery. It is considered the final stage of breast reconstruction.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Nipple tattooing may be covered for beneficiaries:

- When the nipple tattooing is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with the Vermont State Practice Act, who is knowledgeable in the use of nipple tattooing and who provides medical care to the beneficiary. AND
- When the clinical criteria below are met.



Coverage Criteria

Nipple tattooing may be covered for beneficiaries who:

- Have undergone mastectomy due to breast cancer or the genetic risk of breast cancer, as confirmed by genetic testing.
- Have undergone lumpectomy due to breast cancer which resulted in significant nipple deformity.
- Are undergoing this procedure within 5 years of the mastectomy.

Clinical guidelines for repeat service or procedure

Nipple tattooing may be repeated once, after the initial procedure.

Type of service or procedure not covered (this list may not be all inclusive)

Nipple tattooing is covered solely for the purpose of restoring the natural appearance of the nipple. Alternative or decorative designs are not covered.

Nipple tattooing for the general public is not covered.

References

Medicare National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2). Effective 1/1/97. Retrieved September 4, 2015 from: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=64&ncdver=1&bc=AAAAGAAAAAAAA&>

Nipple and areola reconstruction. *American Cancer Society*. (2015). Retrieved September 4, 2015 from: <http://www.cancer.org/cancer/breastcancer/moreinformation/breastreconstructionaftermastectomy/breast-reconstruction-after-mastectomy-nipple-and-areola-recon>

Women's Health and Cancer Rights Acts (WHCRA). Center for Medicare & Medicaid Services. The Center for Consumer Information & Insurance Oversight. Retrieved September 4, 2015 from: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet.html

This document has been classified as public information.