

The Department of Vermont Health Access Clinical Criteria

Subject: Nipple Tattoo for Breast Cancer Survivors

Last Review: July 26, 2023*

Past Revisions: December 6, 2021, November 12, 2020, October 3, 2019, February 14, 2018, October 3, 2016, and 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 or Health Care Administrative Rules 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

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services

Coverage Position

Nipple tattooing may be covered for members:

- When the nipple tattooing is prescribed by a licensed provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of Professional Regulation's website*, Statute, or rule who is knowledgeable in the use of nipple tattooing and. AND
- When the clinical criteria below are met.



* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

Nipple tattooing may be covered for members 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.

May not be able to receive nipple tattooing if:

- Previous radiation treatments have damaged the chest skin
- If the breast skin is overly thinned when tissue has been removed during the mastectomy
- If there is unresolved torso lymphedema
- History of infections in the breast area

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria 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.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

CPT Code	CPT Code Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)

References

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- Butler, P. D., Plana, N. M., & Hastings, A. L. (2019). Finishing touches: Expanding access to nipple-areola tattooing as a component of postmastectomy breast reconstruction. *Plastic and Reconstructive Surgery - Global Open*, 7(11), e2558. <https://doi.org/10.1097/gox.0000000000002558>
- Centers for Medicare and Medicaid Services. (n.d). *Early and periodic screening, diagnostic, and treatment*. Medicaid.gov. <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>
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- Paolini, G., Firmani, G., Briganti, F., Sorotos, M., & di Pompeo, F. S. (2021). Guiding nipple-areola complex reconstruction: Literature review and proposal of a new decision-making algorithm. *Aesthetic Plastic Surgery*, 45(3), 933–945. <https://doi.org/10.1007/s00266-020-02047-9>
- Schubert, S., Kluger, N., & Schreiver, I. (2023). Hypersensitivity to permanent tattoos: Literature summary and comprehensive review of patch tested tattoo patients 1997–2022. *Contact Dermatitis*, 88(5), 331-350. <https://doi.org/10.1111/cod.14291>
- Smallman, A., Crittenden, T., MiinYip, J., & Dean, N. R. (2018). Does nipple-areolar tattooing matter in breast reconstruction? A cohort study using the BREAST-Q. *JPRAS Open*, 16, 61–68. <https://doi.org/10.1016/j.jptra.2018.01.003>
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This document has been classified as public information.