



June 1, 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:

As an organization representing cancer patients, survivors, and caregivers, the Cancer Support Community (CSC), would like to thank you for the opportunity to provide comments on the reconsideration of S codes associated with breast reconstruction procedures. We are appreciative of CMS' recognition of the need to reexamine the decision to streamline billing codes for breast reconstruction through sunseting the use of individual S codes and the negative implication of this decision to cancer survivors and healthcare providers.

CSC is an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones. As the largest provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies.

Cancer patients and survivors and their healthcare providers are entitled to make informed decisions about their treatment and care plans including education and options of breast reconstruction surgeries. Code S2068 is essential to protecting the options available to breast cancer survivors by guaranteeing coverage and payment of deep inferior epigastric perforator (DIEP) flap breast reconstruction surgery. Thus, we strongly urge the retention of code S2068 which is in line with CMS' National Quality Strategy's goal of "a person-centric approach from birth to death".<sup>1</sup> DIEP flap reconstruction is the favored approach for breast cancer survivors who are considering reconstruction as the procedure is far less invasive, the recovery times are shorter, and quality of life is improved following this approach compared to other options including transverse rectus abdominis (TRAM) flap surgery. DIEP flap reconstruction is reflective of medical advancements without damaging muscle or the increased risk of complications such as hernia that is common with the antiquated TRAM flap surgery.

Since the initial decision to use the singular CPT® code 19364 to include the unique S codes: S2066, S2067, and S2068 and the phasing out of these unique codes that has occurred since the decision, breast

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<sup>1</sup> [The CMS National Quality Strategy: A Person-Centered Approach to Improving Quality | CMS](#)



cancer survivors have increasingly lost access to DIEP flap reconstructive surgery due to the differences in rates for the surgeries. This decision was prompted to be considered by the Blue Cross and Blue Shield Association, without patients and survivors in mind. By assigning multiple breast reconstructive surgeries under one-code, access barriers for breast cancer survivors are exacerbated. These reconstructive surgeries are not equal and should not be lumped together under one code. CPT® code 19364 is set so that providers can only bill insurance companies at the rate for the antiquated TRAM flap surgery which does not cover the costs associated with the modern DIEP flap surgery. Thus, we strongly oppose the elimination of S2068.

We appreciate your recognition of the complexities of this transition and the impact on access to care, in reexamining and seeking public input on the decision to sunset S2068 for DIEP flap reconstruction. In order to demonstrate CMS' commitment to best support cancer patients, survivors, and loved ones, and not just payers, we urgently recommend the reversal of the elimination of code S2068. Breast cancer survivors who undergo mastectomy deserve the right to consult with their provider and choose the appropriate breast reconstruction surgery that fits their individual needs, without payers limiting their options.

The Cancer Support Community appreciates the opportunity to share these comments and we look forward to working with CMS, sponsors, and other stakeholders to ensure breast cancer and other cancer survivors are empowered by knowledge and have the opportunity to make choices that fit their needs. Please contact Courtney Yohe Savage, MPP at [cysavage@cancersupportcommunity.org](mailto:cysavage@cancersupportcommunity.org) or 202-680-8985 with any questions or follow-up.

Sincerely,

Courtney Yohe Savage, MPP  
Senior Vice President, Policy & Advocacy  
Cancer Support Community Headquarters