



S-code Versus Cpt Code Utilization For Diep Flaps: A Reimbursement Analysis In An Underserved State

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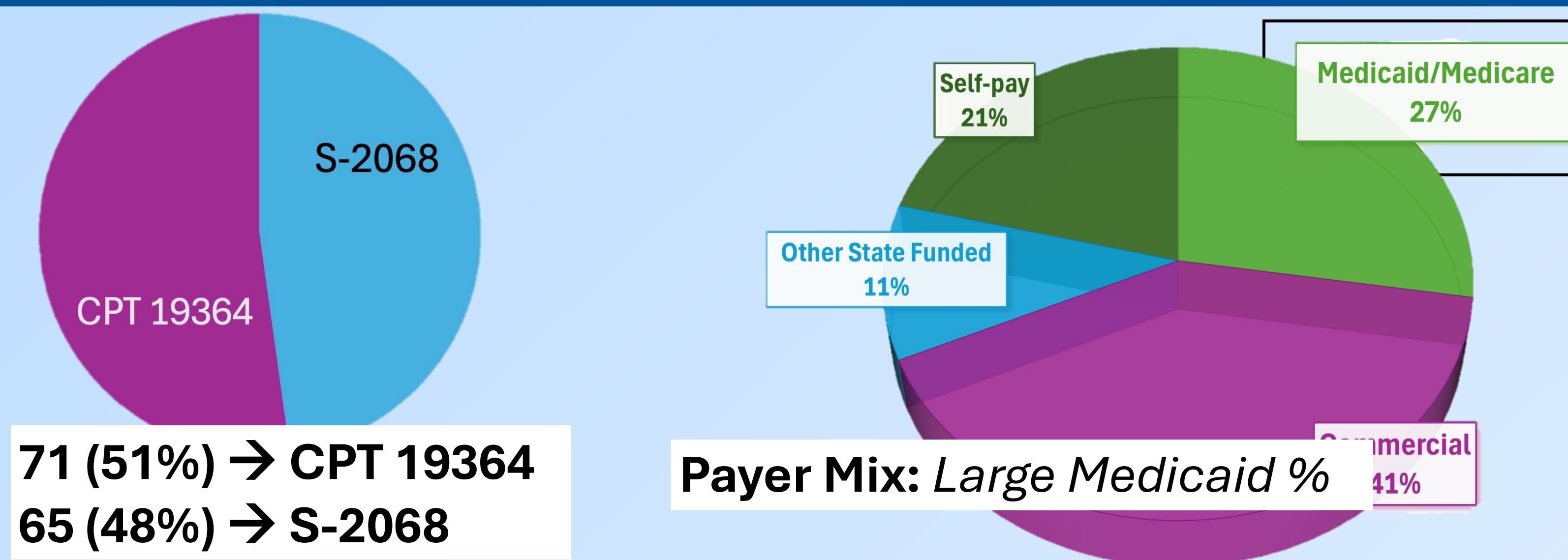
Background

- Evolution and Complexity Mismatch:** Autologous breast recon progressed from TRAM to DIEP flaps, improving morbidity via perforator techniques. Existing CPT codes (19364) didn't reflect technical complexity
- Creation & Role of S-Codes:** Private insurers introduced S2068 to align reimbursement with surgeon effort, facilitating in-network microsurgeons and predictable payment structures
- Reimbursement Instability & Access Risk: Updates to CPT 19364 prompted efforts to eliminate S-codes & revert to lower payments without regards to complexity raising concerns about access, particularly in underserved settings like Mississippi

Methods

- Retrospective review of DIEP flaps by the states only microsurgeon from 2016 -2023
- Compared CPT 19364 versus S-2068
- Demographics, provider & hospital financial metrics

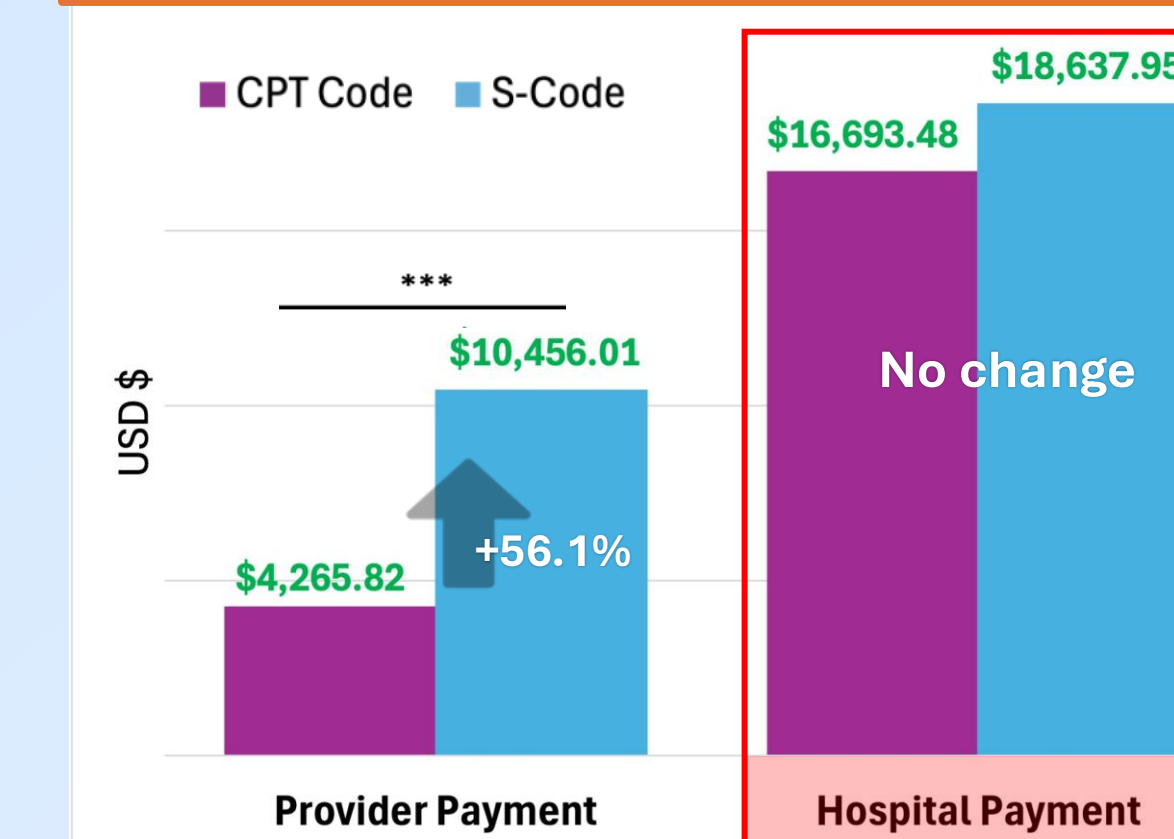
139 Patients Underwent DIEP Flaps



Provider Payment: +56.1% increase for S-code

	S-2068	CPT 19364	P
Total Charge by provider	\$10,521.74 ± \$542.97	\$7,346.50 ± \$191.76	.001*
Amount Paid by insurer	\$6,148.72 ± \$881.62	\$3,939.87 ± \$377.31	<.001*

Hospital Payment did not change



Claims for CPT 19364

Payer	PAYMENT	Observed
BCBS of Mississippi	\$4,030.00	\$4,863.00
Medicare	\$2,351.82	
Medicaid	\$2,264.84	

38 RVU

Claims for S-2068

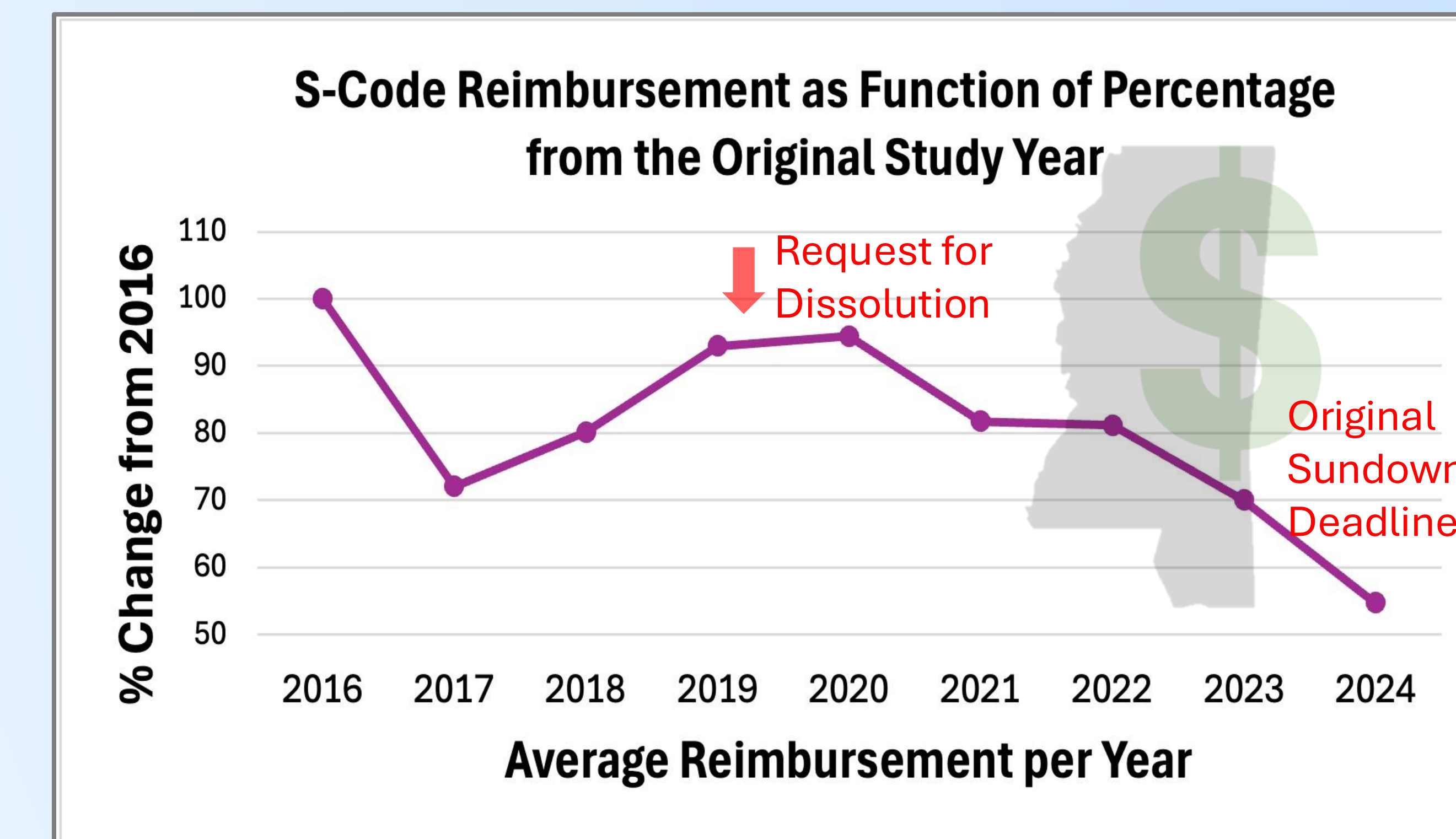
Payer	PAYMENT	Observed
BCBS of Mississippi	\$13,250.00	\$12,382.96
Medicare	\$0	
Medicaid	\$0	

64 RVU

6 cases with CPT 19364

	CHARGE	PAYMENT
19364 per side	\$15,996.00	\$4,643.52
19364	\$7,998.00	\$2,551.53
19364 per side	\$15,996.00	\$6,851.00
19364 per side	\$15,996.00	\$6,431.10
19364	\$7,998.00	\$3,026.40
19364 per side	\$15,996.00	\$5,674.50
AVERAGE	\$13,330.00	\$4,863.00

+154.7% paid for S-code vs. CPT by BCBS



Although dissolution halted..

S-code reimbursement steadily declines

Conclusions

- Procedural complexity of DIEP flaps are not captured in current CPT codes
- S-codes stabilize fair compensation but are phasing out regardless of halted dissolution, suggesting industry driven devaluation
- Compensation trends must be monitored and responding with out-of-network pricing warrants caution
- Access to breast reconstruction for underserves population is at risk



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