



Insurance & Doctor Letter Guide

Areola & nipple tattooing • Your next steps before treatment

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1 Call Member Services using the number on your card

"I am considering reconstructive areola/nipple tattooing after breast surgery with Michelle at SeaChelle's, LLC in Sarasota. Please check my plan's coverage, provider eligibility, and requirements before treatment."

11920 Tattooing / micropigmentation: treated area up to 6.0 sq cm

11921 Treated area 6.1–20.0 sq cm

+11922 Add-on: each additional 20.0 sq cm, or part thereof

Ask about these CPT codes as applicable. The artist/biller confirms area, primary code, add-on units, and payer rules; not all codes apply. Your doctor/biller supplies diagnosis codes.

2 Ask about coverage, costs, and paperwork

1. Is this covered for my diagnosis and surgical history?
2. Is this artist/billing arrangement eligible? In- or out-of-network?
3. Do I need prior authorization, a referral, or a medical necessity letter?
4. If out-of-network, is a network-gap exception / single-case agreement possible?
5. What are my deductible, coinsurance, allowed amount, and possible balance?
6. Who files the claim? Which documents, forms, and deadlines apply?

Insurance company

Call date

Representative / reference #

Answers / next steps (ask for written coverage and authorization instructions)

3 Ask your doctor for a signed medical necessity letter

"If you determine this is medically appropriate, please write a signed letter on your letterhead explaining my diagnosis, surgical history, and why areola/nipple tattooing is part of my reconstruction."

Ask your surgeon or treating clinician to include:

- ☐ Patient name, date of birth, actual diagnosis, and applicable ICD-10-CM code(s).
- ☐ Relevant surgery type(s), dates, side(s), and current nipple/areola findings.
- ☐ Individual medical necessity, reconstructive purpose, and supporting records.
- ☐ Healing/readiness, precautions, and recommendations as appropriate.
- ☐ Doctor's name, credentials, contact details, NPI, dated signature, and letterhead.

Next: Obtain the signed letter and your insurer's written instructions. Contact Michelle to arrange their return or obtain any provider identifiers / billing details the insurer requests.

Benefits information, authorization, and a medical necessity letter do not guarantee payment. Verify provider eligibility and billing arrangements before treatment.

References: CMS FAQs Part 31, Q12 (WHCRA, applicable post-mastectomy plans)

UnitedHealthcare Breast Reconstruction policy (2026) — code reference; confirm your own plan.