



Nipple Tattooing SRG-012

Iowa Medicaid Program	Claims Pre-Pay	Effective Date	05/14/2008
Revision Number	9	Last Reviewed	01/16/2025
Reviewed By	Medicaid Medical Director	Next Review	01/15/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	10/09/2015

Criteria

Claims pre-pay review is required.

Nipple tattooing may be medically necessary when **ALL** the following are met:

1. Mastectomy must have been performed due to breast cancer, or the member has tested positive for BRCA1 and/or BRCA2 genes for hereditary breast and ovarian cancer syndrome; **AND**
2. No previous nipple tattooing has occurred. If previous nipple tattooing has occurred, further peer review is required.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

CPT	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 20.00 sq cm.
11922	Each additional 20.0 sq cm, or part thereof list separately in addition to code for primary procedure.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.

2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Women's Health and Cancer Rights Act of 1998 (WHCRA). CMS. Page Last Modified 09/10/2024.

Nahabedian M. Overview of breast reconstruction. UpToDate. Topic last updated: July 10, 2025. Accessed November 7, 2025

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]

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Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual Review. References updated.	9

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Change Date	Changed By	Description of Change	Version
01/17/2025	CAC	Annual Review. Updated 1. in Criteria section. References updated.	8

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Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual Review.	7

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Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual Review.	6

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Change Date	Changed By	Description of Change	Version
01/21/2022	CAC	Annual review. Formatting changes.	5

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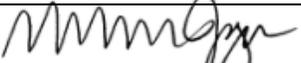
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Change Date	Changed By	Description of Change	Version
10/16/2020	CAC	Removed 12-month timeframe as criterion #1.	4

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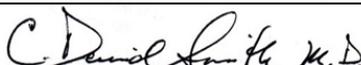
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Change Date	Changed By	Description of Change	Version
10/09/2015	Medical Director	Added clarifying wording in introduction and reference addendum.	3

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C. David Smith, MD



Change Date	Changed By	Description of Change	Version
10/17/2014	CAC	Criterion #2 added "or genetic risk as documented by genetic testing".	2

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Change Date	Changed By	Description of Change	Version
10/17/2014	Medical Director	Formatting changes and addition of references.	1

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CAC = Medicaid Clinical Advisory Committee