



(Line 25) EIN number 80-0375923

(Line 28) \$ \_\_\_\_\_

(Line 29) \$ \_\_\_\_\_

(Line 32) Address: \_\_\_\_\_

(Line 32a) NPI 1811385370

(Line 33) (941)744-7890 Michelle Brantley 4807 21st Street West Bradenton, Florida 34207

(Line 33a) NPI 1811385370

CPT CODES:

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It is my understanding based on your letter of denial dated \_\_\_\_\_ that this procedure

**(Denial Date)**

was denied because: **(Quote the specific reason for the denial stated in denial letter.)**

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\_\_\_\_\_ was diagnosed with Breast Cancer

**(patient's name)**

on \_\_\_\_\_ . Currently \_\_\_\_\_

**( Date )**

**( Dr. Name )**

believes \_\_\_\_\_ will significantly benefit from Areola Breast Tattoos

**( Patient's Name )**

because it will compliment her Mastectomy and Reconstruction surgeries. Having Areola Breast Tattoos will help give a more natural an appealing appearance to make the breasts look similar to how she looked pre-cancer.

Please see the enclosed letter from \_\_\_\_\_ that discusses \_\_\_\_\_

**( Dr. Name )**

**( Patient Name )**

medical history in more detail.

Since 1999, the *Women's Health and Cancer Rights Act* has required group health plans, insurance companies, and HMOs that offer mastectomy coverage to also pay for reconstructive surgery after mastectomy. This coverage must include reconstruction of the other breast to give a more balanced look, breast prostheses, and treatment of all physical complications of the mastectomy, including lymphedema, and tattoos.

According to the *Women's Health and Cancer Right Act 1998*,

**SEC. 713. REQUIRED COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES**

*a) In General--A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for--*

**(1) all stages of reconstruction of the breast on which the mastectomy has been performed**

\_\_\_\_\_ believes that you might not have had all the necessary  
**(Patient's Name)**  
information at the time of your initial review. \_\_\_\_\_

\_\_\_\_\_ **(Patient's Name)**  
has also included with this document, a letter from \_\_\_\_\_  
**(Doctor's Name)**  
from \_\_\_\_\_.

\_\_\_\_\_ **(Name of Treating Facility)**  
\_\_\_\_\_ is a specialist in Plastic and Reconstructive Surgery.  
**(Doctor's name)**

His/Her letter discusses the procedure in more detail. Also included are medical records and several journal articles explaining the procedure and the results of other patients who had mastectomies followed by tattoos. Based on this information, \_\_\_\_\_ is asking that you

\_\_\_\_\_ **(Patient's Name)**  
reconsider your previous decision and allow coverage for the procedure (Areola Tattooing) outlined in this letter. Should you require additional information, please do not hesitate to contact \_\_\_\_\_

\_\_\_\_\_ **(Patient's Name)**  
at \_\_\_\_\_ . Thank you for your time on this matter.

Sincerely,  
**(Patient's name)**

# Supporting Journals:

## Journal 1

Dated: 05/01/2014

Author: Lippincott Williams & Wilkins, part of Wolters Kluwer Health.

***Title: Three-Dimensional Nipple-Areola Tattoos Provide Superior Aesthetic Outcomes, Reports PRS***

Nipple-areola complex tattoos have long been used as part of breast reconstruction in some situations—for example, in women who have undergone radiation therapy or those who don't want another surgical procedure to reconstruct the nipple. Traditionally, plastic surgeons have performed NAC tattoos themselves using very basic techniques: lighter ink for the areola surrounding a circle of darker ink for the nipple. But in recent years, Dr. Halvorson and coauthors have recognized that professional tattoo artists can achieve superior results. Tattoo artists such as Vinnie Myers of Fredericksburg, Md.—one of the authors of the new paper—have developed techniques of creating realistic-looking three-dimensional tattoos. In contrast to the traditional two-dimensional techniques used by plastic surgeons, these artists use color to create a more lifelike appearance—including "shadow effects" to create the illusion of a projecting nipple. Professional tattoo artists also use more sophisticated techniques in terms of machine speed, needle type and color mixing. Through their technical skills and artistry, these artists can create NAC tattoos that compensate for asymmetries of the reconstructed breast mound. They can also create a more realistic-looking areola—down to the tiny Montgomery glands surrounding the nipple. Because of the outstanding results achieved by professional artists, Dr. Halvorson and colleagues no longer perform NAC tattoos themselves.

"While referring patients to tattoo artists for 3D NAC reconstruction may take some business away from a surgeon's practice, it is our obligation to offer patients the best results possible," they write.

The costs of NAC tattooing may be partly reimbursed by insurance. For women who would feel uncomfortable going to a tattoo parlor, some tattoo artists now come in to work at medical facilities. The authors offer tips for finding a local artist who can create NAC tattoos; a listing may be found online at [Pink Ink Project](#).

"The technique of 3D NAC tattoo presented is, in our opinion, a significant advance in obtaining improved aesthetic results for women undergoing breast reconstruction," Dr. Halvorson and colleagues write. They believe that 3D tattoos may have the potential to enhance the aesthetic results of reconstruction in other areas of the body as well—for example, eyebrow or lip tattooing after facial reconstruction or fingernail tattoos in patients with reconstruction of the hand. The researchers add, "Any prominence such as the nose, ear, or nipple will achieve three-dimensionality when light and shadow are employed appropriately in two dimensions."

Located at: <http://www.plasticsurgery.org/news/2014/tattoo-artists-play-new-role-in-breast-reconstruction.html>

## Journal 2:

Dated: April 29, 2015

Authors: Yoon Sun Chun, MD; Chief Editor: James Neal Long, MD, FACS

Title: Nipple-Areola Reconstruction Treatment & Management

Areola tattooing is a widespread method of areola reconstruction because of its simplicity. It is well tolerated by most patients. Tattooing is often used before or after nipple-areola reconstruction to obtain a good color match with the contralateral side. Some patients may opt for simple tattooing without surgical reconstruction, but this method produces a relatively unnatural appearance. The pigments used to obtain flesh colors are fairly stable over time, but, in some cases, early deterioration of the pigment components can lead to significant darkening of the pigment and unexpected color variations. Long-term fading is also common and may require re-tattooing of the nipple-areola reconstruction. When tattooing is used prior to surgical reconstruction, careful planning of the tattooed area is necessary to ensure complete coverage of the future nipple-areola complex.

Currently, prosthetic devices are rarely used; most patients opt for more permanent options.

Located at: <http://emedicine.medscape.com/article/1274411-treatment>

## Journal 3

### www.PRSJournal.com 1073

For many women, nipple-areola complex reconstruction is an essential element of breast reconstruction and completes an emotional and complex process of feeling whole again. There are several different strategies for nipple-areola complex reconstruction and varied techniques. Nipple reconstruction is performed with various local flaps. Areola reconstruction has been achieved with grafting, dermabrasion, and tattooing. Some patients choose tattoo-only nipple-areola complex reconstruction, yet nothing has been published on this technique, and improvements are needed. Our literature is filled with variations of local flap designs for nipple reconstruction. Unfortunately, projection can be difficult to maintain, especially in patients with thin or irradiated soft tissue.<sup>1-4</sup> Some patients may not like the fact that reconstructed nipples maintain projection at all times. Others forego surgical approaches because they do not want another surgical procedure. Lastly, in irradiated patients, tattooing may be the safest option, considering the increased complication rate in these patients. Tattoo-only nipple-areola complex reconstruction is therefore a good option for certain patients. Spear and Arias reported that 84 percent were satisfied with their tattoo and 86 percent would opt for tattooing again.<sup>5</sup> We present a new three-dimensional technique for tattoo-only nipple-areola complex reconstruction that offers an aesthetically superior result.

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**Summary:** Traditional coloring techniques for nipple-areola tattooing ignore the artistic principles of light and shadow to create depth on a two-dimensional surface. The method presented in this article is essentially the inverse of traditional technique and results in a more realistic and three-dimensional reconstruction that can appear better than surgical methods. The application of three-dimensional techniques or “realism” in tattoo artistry has significant potential to improve the aesthetic outcomes of reconstructive surgery.

*(Plast.Reconstr. Surg. 133: 1073, 2014.)*

*From the Division of Plastic Surgery, Brigham & Women’s Hospital; the Department of Surgery, Emory University; The University of Texas M. D. Anderson Cancer Center; and Little Vinnie’s Tattoos. Received for publication December 4, 2012; accepted November 13, 2013. Presented at the 55th Annual Scientific Meeting of the Southeastern Society of Plastic and Reconstructive Surgeons, in Amelia Island, Florida, June 2 through 6, 2012.*

## Journal 4

### Three-Dimensional Nipple-Areola Tattooing: A New Technique with Superior Results

#### Ideas and Innovations

1074

Plastic and Reconstructive Surgery • May 2014

For many women, nipple-areola complex reconstruction is an essential element of breast reconstruction and completes an emotional and complex process of feeling whole again. There are several different strategies for nipple-areola complex reconstruction and varied techniques. Nipple reconstruction is performed with various local flaps. Areola reconstruction has been achieved with grafting, dermabrasion, and tattooing. Some patients choose tattoo-only nipple-areola complex reconstruction, yet nothing has been published on this technique, and improvements are needed. Our literature is filled with variations of local flap designs for nipple reconstruction. Unfortunately, projection can be difficult to maintain, especially in patients with thin or irradiated soft tissue.<sup>1-4</sup> Some patients may not like the fact that reconstructed nipples maintain projection at all times. Others forego surgical approaches because they do not want another surgical procedure. Lastly, in irradiated patients, tattooing may be the safest option, considering the increased complication rate in these patients. Tattoo-only nipple-areola complex reconstruction is therefore a good option for certain patients. Spear and Arias reported that 84 percent were satisfied with their tattoo and 86 percent would opt for tattooing again.<sup>5</sup> We present a new three-dimensional technique for tattoo-only nipple-areola complex reconstruction that offers an aesthetically superior result.

#### TECHNIQUE

Most nipple-areola complex tattoos are performed using lighter ink for the areola and a central circle of darker ink for the nipple (Fig. 1). Although this traditional method produces a satisfactory result, we have recently used a new technique, inspired by the work of tattoo artist Vinnie Myers ([www.vinniemyers.com](http://www.vinniemyers.com)), with improved results. The three-dimensional technique is essentially the inverse of traditional nipple-areola complex tattoo. It is usually performed more than 3 months following breast reconstruction. The areola is created according to the patient's preferred diameter and color. Instead of using a darker inner circle to create the appearance of a nipple, a *lighter* inner circle is created with a dark border. This border is thickened inferiorly to create a shadow effect. A satisfactory result can be achieved with standard medical tattooing equipment (Fig. 2); however, a professional tattoo artist with specialized equipment and ink can produce an outstanding result, including tattooing of Montgomery glands (Figs. 3 and 4). **PICTURES ARE ON THE LAST PAGE**

#### DISCUSSION

The plastic surgery community takes pride in its artistic sensibility. With respect to nipple-areola complex tattoo, however, our simple assumptions have resulted in an artistic blunder. Artists have long recognized that light and shadow create depth. Objects in light stand out, whereas those in shadow are recessed. Burget and Menick noted this in their classic article on nasal subunits.<sup>6</sup> Any prominence such as the nose, ear, or nipple will achieve three-dimensionality when light and shadow are used appropriately in two dimensions. This is the rationale for the new three-dimensional nipple-areola complex tattoo technique presented.

Basic fundamentals of tattooing have also been ignored in traditional nipple-areola complex tattoo (e.g., machine speed, needle type, and color mixing). Medical practitioners often use preset speeds in excess of 180 cycles per second. This is twice the frequency of traditional tattooing and typically involves thin or compromised skin. **Fig. 2.** Result of nipple-areola complex reconstruction by a clinic nurse using new three-dimensional tattooing technique and medical equipment. the nipple is tattooed *lighter* than the areola, with a darker rim, giving the appearance of more projection. **Fig. 3.** (*Ab ove*) Before and (*b elow*) after tattoo-only nipple-areola complex reconstruction performed by a professional tattoo artist using new three-dimensional nipple-areola complex tattoo technique and professional equipment. the nipple is tattooed lighter than the areola with a darker rim that is thicker inferiorly. the result appears better than most surgical nipple-areola complex reconstructions. (Photographs courtesy of vinnie Myers.) **Fig. 4.** a close-up example of tattoo-only nipple-areola complex reconstruction performed by a professional tattoo artist. (Photograph courtesy of vinnie Myers.) **Fig. 1.** Result of nipple-areola complex reconstruction using standard tattoo-only technique. the nipple is tattooed darker than the areola and lacks the illusion of projection.

The result is increased healing time, scarring, and poor pigment retention. It is not uncommon for patients to require two sessions for adequate pigmentation. Pigments used in medical facilities are typically vegetable oil–based dyes or metal salt pigments mixed very thin and available in a small range of colors, limiting the choices available (especially when matching a native nipple-areola complex). It is widely known that medical tattoos fade with time, sometimes becoming invisible after several years. By using traditional tattoo pigments and a color wheel, excellent color match can be achieved with significantly improved pigment retention. Unfortunately, there is a significant disconnect between the cosmetic and traditional tattoo industries, a discussion of which is beyond the scope of this article. It is our belief that improved results for our patients will be realized when these two industries share best practices and establish education programs. Although referring patients to tattoo artists for three-dimensional nipple-areola complex reconstruction may take some business away from a surgeon’s practice, it is our obligation to offer patients the best results possible. Still, some patients are wary of tattoo parlors and prefer to have their nipple-areola complex tattoo performed in a medical facility. It is our hope that tattoo artists and health care providers will collaborate to bring the technology and skills required into the medical arena. Some tattoo artists work in a medical facility on a periodic basis. Searching the Internet for local tattoo shops and speaking with them by phone is a good way to establish contact with interested tattoo artists. In addition, [www.pinkinkproject.com](http://www.pinkinkproject.com) has a list of tattoo artists. The cost of three-dimensional nipple-areola complex tattoo varies by location and tattoo artist, and whether or not the facility or patient seeks insurance reimbursement. One of the authors (V.M.) currently charges \$400 for a unilateral tattoo (45 minutes) and \$600 for a bilateral tattoo (60 minutes). Most insurance companies reimburse patients \$300 to \$400. It is unusual for a patient to require more than one session for a durable result. The three-dimensional technique can also address asymmetries following surgical nipple-areola complex reconstruction. By adjusting the darker ring of color around the nipple, the tattoo artist can account for asymmetries in nipple projection without surgery. Furthermore, when projection is almost or completely lost, this technique can give the illusion of projection without surgical revision. The three-dimensional nipple-areola complex tattoo technique has also changed how we perform surgical nipple reconstruction with areola tattooing. Whereas we used to tattoo the nipple construct darker than the areola (effectively *decreasing* the illusion of projection), we now forego tattooing of the nipple construct.

## CONCLUSIONS

The technique of three-dimensional nipple/areola complex tattooing presented is, in our opinion, a significant advance in obtaining improved aesthetic results for women undergoing breast reconstruction. We have only begun to explore the possible applications of medical tattoos in plastic surgery. The application of three-dimensional techniques or “realism” in tattoo artistry has the potential to expand the role of medical tattooing, and may allow us to enhance the aesthetic results of head and neck reconstruction (e.g., eyebrow, lip vermilion tattoo), extremity reconstruction (e.g., nail bed tattoo), and so on.

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**Fig. 1.** Result of nipple-areola complex reconstruction using standard tattoo-only technique. The nipple is tattooed darker than the areola and lacks the illusion of projection.



**Fig. 3.** (Above) Before and (below) after tattoo-only nipple-areola complex reconstruction performed by a professional tattoo artist using new three-dimensional nipple-areola complex tattoo technique and professional equipment. The nipple is tattooed lighter than the areola with a darker rim that is thicker inferiorly. The result appears better than most surgical nipple-areola complex reconstructions. (Photographs courtesy of Vinnie Myers.)



**Fig. 2.** Result of nipple-areola complex reconstruction by a clinic nurse using new three-dimensional tattooing technique and medical equipment. The nipple is tattooed *lighter* than the areola, with a darker rim, giving the appearance of more projection.



**Fig. 4.** A close-up example of tattoo-only nipple-areola complex reconstruction performed by a professional tattoo artist. (Photograph courtesy of Vinnie Myers.)