

Breast Implant Removal

Date of Origin: 12/1999

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Dates Reviewed: 12/02, 11/03, 11/04, 10/05, 10/06, 10/07, 10/08, 07/10, 07/11, 05/12, 03/13, 03/14, 04/15, 05/16, 05/17, 05/18, 05/19, 05/20, 05/21, 06/22, 06/23, 06/24

Developed By: Medical Necessity Criteria Committee

I. Description

Breast implants are placed as part of a reconstruction process following a medically necessary mastectomy or for cosmetic augmentation. Removal of an implant would be necessary for complications related to the implant. These complications may include capsular leakage, infection, contractures, pain, and/or extruded implants.

Contractures are documented using the Baker Classification, which is divided into 4 categories:

Grade I Augmented breast feels as soft as a normal breast

Grade II Breast is less soft, and the implant can be palpated but is not visible

Grade III Breast is firm, the implant is palpable and visible (or its distortion is visible)

Grade IV Breast is hard, painful, cold, tender, and distorted

Note: Group Plans may have specific exclusions related to cosmetic/reconstructive surgery and complications associated with the same. Approval is subject to plan limitation and exclusions.

**** Note:** Removal of implants for nonspecific, somatic complaints is not a covered benefit **

II. Criteria: CWQI HCS-0010

- A. Moda Health considers **Silicone** breast implant removal when **one or more** of the following criteria are met:
- a. Documented intra- or extra-capsular leakage of silicone implant
 - b. Persistent or recurrent local or systemic infection or cutaneous hypersensitivity-like reactions secondary to the breast implant that have failed to respond to conservative treatment with antibiotics, oral steroids, and topical steroids
 - c. Documentation of Baker Class III or IV contractures associated with severe pain
 - d. Extruded/exposure of implant through skin
 - e. Tissue necrosis secondary to the implant
 - f. The implant is interfering with diagnostic evaluation of suspected breast cancer
 - g. Breast cancer
 - h. Breast implant-associated anaplastic large cell lymphoma

- B. For members whose implants were placed following a medically necessary mastectomy or lumpectomy, breast implant removal is also considered medically necessary for the following additional indications.
 - a. Documentation of ongoing pain or painful contractures related to the implant/reconstruction site for the past 6 months; or
 - b. Intra- or extra-capsular leakage of saline or silicone implants.
- C. Moda Health considers removal of ruptured saline-filled breast implants **NOT** medically necessary for individuals who have undergone cosmetic breast augmentation

III. Limitations:

- A. If breast implant removal is found to be medically necessary, the following will apply:
 - a. If the above criteria for breast implant removal are met unilaterally, Moda Health will also cover removal of the implant of the other breast if both implants are removed during the same procedure.
 - b. If removal is being done due to documented rupture, coverage of the mammary implant material is also covered (CPT 19330).
 - c. Moda Health will pay only for the medically approved procedure(s). All contract exclusions apply.

IV. Not Covered:

- A. Moda Health will not cover any of the following because they are considered not medically necessary:
 - a. Removal of any type of breast implant performed solely to treat psychological symptomology or psychosocial complaints; or
 - b. Removal of any type of breast implant performed solely to improve appearance
 - c. Removal of any type of breast implant performed solely for the possible influence of breast implants on developing or existing autoimmune disease or connective tissue disorders.
Note: Current literature and associated professional organizations do not support any correlation between breast implants and autoimmune disease and connective tissue disorders.

V. Reinsertion of Breast Implants:

- A. If the breast implants were placed for cosmetic reasons, Moda Health will NOT pay for the reinsertion of the new breast implants.
- B. If the breast implants were placed following a medically necessary mastectomy or lumpectomy, Moda Health will cover the reinsertion of breast implants.

VI. Information Submitted with the Prior Authorization Request:

1. Chart notes from the treating physician
2. Documentation of confirmation or reports from imaging studies if implant leakage is the reason for the removal (i.e. MRI, mammogram, or ultrasound).

VII. CPT or HCPC codes covered:

Codes	Description
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19371	Periprosthetic capsulectomy, breast
L8020, L8030, L8031, L8032, L8035, L8039	Breast prosthesis
L8600	Implantable breast prosthesis, silicone or equal

VIII. Annual Review History

Review Date	Revisions	Effective Date
03/2013	Annual Review: Added table with review date, revisions, and effective date.	04/03/2013
03/2014	Annual Review: No change	04/03/2014
04/2015	Annual Review: No change	04/01/2015
05/2016	Annual Review: Added separate section with Saline implant removal criteria	05/22/2016
05/24/2017	Annual Review: Updated to new template, removed Medical Director signature	05/24/2017
05/2018	Annual Review:	05/23/2018
05/2019	Annual Review: Clarified the medical treatment with an indication that if breast cancer is associated with anaplastic large cell lymphoma then it meets criteria	06/01/2019
05/2020	Annual Review: Grammar updates. No content changes	06/01/2020
05/2021	Annual Review: No content change	06/01/2021
06/2022	Annual Review: updated guidelines for breast implant removal. Added, removal of cosmetically placed ruptured saline implants is considered not medically necessary	07/01/2022
06/2023	Annual Review: No changes	07/01/2023
06/2024	Annual Review: Grammar updates	07/01/2024

IX. References

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22. Physician Advisors

Appendix 1 – Covered Diagnosis Codes

ICD 10 code	ICD 10 Code Description
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
N64.4	Mastodynia

N63	Unspecified lump in breast
N64.51	Induration of breast
N64.53	Retraction of nipple
N64.59	Other signs and symptoms in breast
N64.81	Ptosis of breast
N64.89	Other specified disorders of breast
N64.89	Other specified disorders of breast
N64.9	Disorder of breast, unspecified
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
Z85.3	Personal history of malignant neoplasm of breast
Z80.3	Family history of malignant neoplasm of breast
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples
Z90.11	Acquired absence of right breast and nipple
T85.41XA	Breakdown (mechanical) of breast prosthesis and implant, initial encounter
T85.42XA	Displacement of breast prosthesis and implant, initial encounter
T85.43XA	Leakage of breast prosthesis and implant, initial encounter
T85.44XA	Capsular contracture of breast implant, initial encounter
T85.49XA	Other mechanical complication of breast prosthesis and implant, initial encounter
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
Noridian Local Coverage Determination L33317 External Breast Prosthesis	

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC