

Breast Implant Removal and/or Replacement and Capsulectomy

MPM 2.2

Disclaimer

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description

Breast implant surgery is either cosmetic or reconstructive. The two primary types of implants are saline-filled and silicone gel-filled. Breast implants may lead to complications that may necessitate removal. Common complications of breast implants are capsular contracture, infection, and rupture.

Coverage Determination

Breast implant removal and/or replacement and capsulectomy require Prior Authorization. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

All requests must be accompanied with the following documentation:

- Original indication for implant (cosmetic augmentation or reconstruction after a medically necessary mastectomy); **and**
- Current symptoms; **and**
- Imaging study demonstrating rupture (if applicable); **and**
- Photos may be required in certain circumstances (see indications below)

I. Breast Implants Placed for Cosmetic Augmentation

Breast implant removal and capsulectomy is covered for implants originally placed for cosmetic augmentation **only** when **one** of the following indications occur:

- Recurrent or severe infection due to implants; **or**
- Baker Class IV contracture as defined on page 3. Photos required; **or**
- Inability to perform mammography due to severe contracture or any interference with breast cancer screening or evaluation;^{1,2,3} **or**
- Rupture of silicone gel-filled implants, confirmed by diagnostic studies such as mammography, CT scan, US or MRI; **or**
- If breast cancer is diagnosed in a patient with breast implants.

No other reasons will be considered for removal of breast implants originally placed for cosmetic augmentation.

When one of the above criteria is met, **removal** of the implant in the non-affected breast will be covered **if** both implants are removed at the same time.

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- For implants originally placed for cosmetic purposes: Rupture of a saline implant is not covered for Baker Class III or less unless one of the above indications is met.
- When cosmetic augmentation has been performed previously and any complications arise, excluding malignancy, coverage will not include **replacement** of the affected implant, **replacement** of the implant in the opposite breast, or procedures to address symmetry.

II. Breast Implants Placed for Breast Reconstruction

Breast implant removal and replacement is covered for implants placed when breast reconstruction has occurred for a medically necessary mastectomy, a prophylactic mastectomy for high risk of breast cancer, or for a congenital breast anomaly with **one** of the following indications:

- Recurrent or severe infection due to implants; **or**
- Baker Class III or IV contracture as defined on page 3; **or**
- Inability to perform mammography due to severe contracture or any interference with breast cancer screening or evaluation;^{1,2,3} **or**
- Rupture of silicon gel-filled implants, confirmed by diagnostic studies such as mammography, CT scan, US or MRI; **or**
- Rupture of saline implant (extra-capsular) if significant deformity or asymmetry is demonstrated (photographs may be required); **or**
- Removal/replacement of implant secondary to staged reconstruction post mastectomy due to breast cancer.^{3,4}

When one of the above criteria is met and a unilateral implant is removed, removal and replacement of an implant in the other breast will be covered to maintain natural symmetry.

Exclusion for Breast Implants Placed for Breast Reconstruction:

Cosmetic surgery performed primarily to improve appearance and self-esteem is not a covered benefit, excepting the coverage required by federal mandate (The Women's Health and Cancer Rights Act of 1998) for women who have undergone mastectomy.⁴

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Exclusions Removal of non-ruptured breast implants for autoimmune disease or connective tissue disease is not a covered benefit.⁵

Medical Terms Capsular contracture: The scar tissue or capsule normally forming around the implant tightens and deforms the implant. It can happen to one or both of the implanted breasts.¹

Baker's Classification of Capsular Contracture: A system that assesses clinical firmness of the breast after implantation.

Class I: The breast is soft with no palpable capsule, looks natural.

Class II: The breast is a little firm with palpable capsule but looks normal.

Class III: The breast is firm, capsule easily palpable and visually abnormal

Class IV: The breast is hard, cold, painful and markedly distorted.¹

Subtotal Capsulectomy: Partial removal of the thickened capsule surrounding the breast implant as indicated

Intra- and extra-capsular rupture of implants: After implantation, a capsule is formed around the implant. If the expelled material remains within the capsule, it is an intra-capsular rupture. If the expelled material escapes the capsule, it is an extra-capsular rupture. Extra-capsular ruptures are generally identifiable on mammography, CT scan, US or MRI.¹

Coding **The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list.**

CPT Codes	Description
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast

HCPCS Code	Description
L8600	Implantable breast prosthesis, silicone or equal

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ICD-9 [©] Procedure Codes	Description
174.0-174.9	Malignant neoplasm of female breast
198.81	Secondary malignant neoplasm of other specified sites; breast
233.0	Carcinoma in situ of breast
611.0	Inflammatory disease of the breast
611.71	Mastodynia
728.82	Foreign body granuloma of the muscle
996.52	Mechanical complication of other specified prosthetic device, implant and graft; due to graft of other tissue, not elsewhere classified
996.54	Mechanical complication of other specified prosthetic device, implant and graft; due to breast prosthesis
996.69	Infections and inflammatory reaction due to breast prosthesis
996.79	Other complications due to prosthetic device, implant and graft
V10.3	Personal history of malignant neoplasm; breast
V45.71	Acquired absence of breast
V45.83	Breast implant removal status
V50.41	Prophylactic organ removal: breast
V51	Aftercare involving plastic surgery
V52.4	Fitting and adjustment of breast prosthesis and implant

- Reviewed by:**
1. Bret R. Baack, MD, University Physicians, Plastic Surgery, November 2004
 2. Chester Y. Sakura, MD, New Mexico Plastic Surgery, November 2004
 3. Luis C. Cuadros, MD, January 2006, March 2007, June 2008
 4. John Finley, MD, Presbyterian Medical Group, January 2006, May 2008

- References:**
1. US Food and Drug Administration. Breast Implant Consumer Information. Last updated 05-20-09. Accessed on the Internet 07-28-10: Updated June 2011. Accessed 11-4-2011
<http://www.fda.gov/cdrh/breastimplants/consumerinfo.html>
 2. Smalley, Stacy, CNM MSN. Breast Implants and Breast Cancer Screening. J Midwifery Women's Health 48(5): 329-337, 2003.

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3. Centers for Medicare and Medicaid Services. Wisconsin Physicians Service Insurance Corporation. LCD for Cosmetic and Reconstructive Surgery (L17993), revision effective date 12-01-09. Updated 10-1-11. Accessed 11-4-11.
4. Centers for Medicare and Medicaid Services. Health Insurance Reform for Consumers, The Women's Health and Cancer Rights Act. Accessed on the Internet 07-27-10.
http://www4.cms.hhs.gov/HealthInsReformforConsume/06_TheWomen'sHealthandCancerRightsAct.asp
5. Janowsky EC, Kupper LL, Hulka BS. Meta-analyses of the relation between silicone breast implants and the risk of connective tissue disease. N Engl J Med. 2000;342:781-90.

**Approval
Signatures:****Clinical Quality Committee:** Mark Whitaker MD**Medical Director:** Albert Rizzoli MD**Date:** November 30, 2011**Publication
History:**PHP Internal Criteria, Original Effective Date: January 2005
Review Date: January 2006, February/March 2007
Revision Date: January 2006, February/March 200706-25-08: Transitioned to Medical Policy, Annual Review and Revision
09-23-09: Annual Review and Revision
09-22-10: Annual Review and Revision
11-30-11: Annual Review and Revision

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet criteria guidelines, additional information supporting medical necessity is welcome and medical directors may use them in reviewing the case. Please note that all Presbyterian Medical Policies are available online at our website at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>.

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