Medical Coverage Policy

Breast Implant Removal - PREAUTH

☐ Device/Equipment ☐ Drug ☐ Medical ☒ Surgery ☐ Test ☐ Other

Effective Date: 8/17/1998  Policy Last Updated: 02/15/2011

☒ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

Description:
Complications of breast implants are common and may require removal of the implant. Determining the medical necessity and coverage of removal requires documentation of the type of implant and whether it was used for reconstructive or cosmetic indications.

Reconstructive breast surgery:
Reconstructive breast surgery is defined as a surgical procedure designed to restore the normal appearance of the breast after surgery, accidental loss, or trauma. The most common indication for reconstructive breast surgery is a prior mastectomy.

Although breast reconstruction following a mastectomy does not meet the functional impairment requirement of a reconstructive procedure, the Women's Health and Cancer Rights Act (WHCRA) of 1998, mandates coverage of reconstructive surgery following mastectomy for all health plans providing medical and surgical benefits.

Cosmetic procedures:
Cosmetic procedures are performed primarily to refine or reshape body structures that are not functionally impaired, to improve appearance or self-esteem, or for other psychological, psychiatric, or emotional reasons. Reduction mammoplasty is a common example of cosmetic breast surgery, but surgery to alter the appearance of a congenital abnormality of the breasts, such as tubular breasts, would also be considered cosmetic in nature.

Cosmetic implants require removal only for medical indications that pose significant health consequences, while the criteria for removal of reconstructive implants is broader. The purpose of reconstructive implants is the restoration of normal breast appearance; therefore removal may be warranted in cases of unsatisfactory aesthetic outcome.

Complications may be subdivided into local or systemic complications. Local complications include implant contracture, rupture, extrusion (implant is visible through the surgical wound or skin), or infection. Extrusion or infection are considered medical indications for removal in all cases, whether the implant was originally cosmetic or not. Documented rupture of a silicone gel–filled implant is considered an absolute indication for removal in all cases. Rupture of a saline implant poses no health threat, therefore, removal would not be considered medically necessary in patients with cosmetic implants. However, a ruptured saline implant compromises the aesthetic outcome and removal may be considered appropriate in cases of reconstructive implants.

Rupture of the breast implant may be difficult to document, but physical exam, mammography, ultrasonography, or magnetic resonance imaging may be used. Although it has been suggested that older
Implants are associated with a higher incidence of rupture, there is no consensus that screening implants for rupture is warranted. Instead, work-up for a potential rupture is typically initiated at the onset of local symptoms, such as sudden change in the size or consistency of an implant, or the development of local pain.

The most common type of reconstructive breast surgery is insertion of a silicone gel-filled or saline-filled breast implant, either inserted immediately at the time of mastectomy (CPT code 19340) or sometime afterward in conjunction with the previous use of a tissue expander (19342, 19357). Local complications of breast implants are frequent and may require removal of the implant. Capsular contracture happens when the scar tissue or capsule that normally forms around the implant tightens and squeezes the implant. It can happen to one or both of the implanted breasts. Contracture is graded according to the Baker classification as follows:

- **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, palpable, and the implant (or its distortion) is visible
- **Grade IV:** Breast is hard, painful, cold, tender, and distorted

Grade IV contractures interfere with adequate mammography screening and thus their presence constitutes a health risk. Therefore, removal may be considered medically necessary in all cases, regardless of whether the implant was originally inserted for cosmetic or reconstructive purposes. Grade III contractures, which describe firm, palpable implants, do not interfere with mammography; therefore, removal of these implants is not considered an indication for removal. Additionally, Grade III contractures have no significant probability of being the cause of pain, and therefore symptoms would not warrant removal. However, since grade III contractures have an impact on the normal appearance of the breast, removal may be appropriate in implants inserted for reconstructive purposes, since the goal of restoration of the normal appearance of the breast was not achieved.

**Medical Criteria:**
- **Removal of a silicone gel-filled breast implant** may be considered medically necessary in all cases for a documented implant rupture, infection, extrusion; Baker class IV contracture, or surgical treatment of breast cancer in the affected breast; or as part of covered reconstructive surgery for the opposite breast.

- **Removal of a saline-filled breast implant** may be considered medically necessary for a documented implant rupture only in those patients who originally had breast implantation for reconstructive purposes; or in cases of infection, extrusion, Baker class IV contracture, or surgical treatment of breast cancer in the affected breast; or as part of covered reconstructive surgery on the opposite breast.

- **Removal of a breast implant associated with a Baker class III contracture** may be considered medically necessary only in those patients who originally had breast implantation for reconstructive purposes.

- **Reconstructive breast surgery after removal of an implant** is considered medically necessary only in those patients who originally had breast implantation for reconstructive purposes. Insertion of a new implant or other surgery to restore appearance is only covered when the original implant was for reconstructive purposes, when removal is incidental to a mastectomy in the same breast, or when removal and reconstruction is to attain symmetry for reconstruction of the opposite breast post-mastectomy.

**Policy:**
Removal of breast implant(s) is considered medically necessary for patients who meet the above noted medical criteria. **Prior authorization is required for BlueCHIP for Medicare and recommended for all other members.**

The following indications for removal of implants are considered not medically necessary:

- Systemic symptoms, attributed to connective tissue diseases, autoimmune diseases, etc.;
- Patient anxiety;
- Prophylactic removal of asymptomatic silicone implants;
- Baker class III contractures in patients with implants for cosmetic purposes;
- Rupture of a saline implant in patients with implants for cosmetic purposes;
- Pain not related to contractures or rupture.

Reconstructive breast surgery after removal of an implant is considered medically necessary only in those patients who originally had breast implantation for reconstructive purposes. Insertion of a new implant or other surgery to restore appearance is only covered when the original implant was for reconstructive purposes, when removal is incidental to a mastectomy in the same breast, or when removal and reconstruction is to attain symmetry for reconstruction of the opposite breast post-mastectomy.

Insertion of a new implant is considered cosmetic and not covered for all other indications.

**Coverage:**
Benefits may vary between groups/contracts. Please refer to the appropriate member certificate, subscriber agreement, or benefits booklet for applicable surgery benefits/coverage.

**Codes:**
19328
19330
L8600

**Also known as:**
Not applicable

**Related topics:**
Not applicable

**Published:**
*Policy Update*, July 2005
*Policy Update*, July 2006
*Policy Update*, June 2007
*Provider Update*, May 2008
*Provider Update*, July 2009
*Provider Update*, June 2010
*Provider Update*, May 2011

**References:**
Blue Cross and Blue Shield Association National policy 7.01.22 Reconstructive Breast Surgery/Management of Breast Implants. Last review: July 2003.


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