



## Breast Implants and Reconstruction

Last Review Date: November 11, 2016

Number: MG.MM.SU.14g

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### Definitions

Breast augmentation	A surgical procedure that increases the size and proportions of a woman's breast.
Breast implants	Prosthetic devices (saline- or silicone gel-filled or biluminal) that are surgically inserted in the chest.
Breast reconstruction	A surgical procedure that restores the natural breast contour and mass following mastectomy, trauma, injury or congenital deformity (the latter indication is excluded from coverage; see <i>Note</i> , p. 2 and <a href="#">Cosmetic Surgery Procedures</a> ).
Capsular contracture	A tightening of the capsule (scar tissue) surrounding an implant, resulting in firmness or hardening of the breast.
Capsulectomy	Surgical removal of the capsule.
Capsulotomy (open)	Incision or opening in the capsule made by an open surgical approach.
Cosmetic surgery	Reshaping normal structures of the body to improve the patient's appearance and self-esteem.
Mastopexy	Plastic surgery to move sagging breasts into a more elevated position. It involves the repositioning of the nipple and areola and is sometimes performed in conjunction with implant insertion.
Reconstructive surgery	Performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance (e.g., post mastectomy for breast cancer; see <i>Note</i> , p. 2 and <a href="#">Cosmetic Surgery Procedures</a> ).
Tissue expander	An adjustable implant that can be inflated with salt water to stretch the tissue at the mastectomy site to create a new tissue flap for implantation of the breast implant.

## Related Guidelines

[Cosmetic Surgery Procedures](#)

[Risk-Reduction Mastectomy](#)

[Surgical Correction of Chest Wall Deformities](#)

## Guideline

**Note:**

1. The Plan abides by the federal Women’s Health and Cancer Rights Act, which provides protections to those patients who choose to have breast reconstruction following a mastectomy.<sup>i</sup>
2. Requests for congenital deformity indications will be reviewed on a case by case basis. To facilitate coverage determination, please refer to the member's benefit package. If there is a discrepancy between this policy and a member’s plan of benefits, then the provision of the benefits will govern and rule. (See also [Surgical Correction of Chest Wall Deformities](#))

A. **Breast reconstruction procedures:** Members are eligible for all of the following procedures (which may be performed concurrently with a mastectomy/lumpectomy or at any time postoperatively):

- Reconstruction of postmastectomy or traumatically injured breast
- Reconstruction of the nondiseased (contralateral) breast for symmetry
- Tissue expansion or implant insertion only following:
  - Mastectomy secondary to breast disease
  - Traumatic injury

*When implant insertion is solely for breast size enlargement, the procedure is deemed cosmetic.*

B. **Breast implant removal.**<sup>ii</sup> Members are eligible for coverage of implant removal (regardless of the etiology of initial implant) when any of the following conditions exist:

- Implant extrusion
- Implant rupture<sup>iii</sup> (endnote is specific to silicone implants; for information specific to the removal of saline implants, see [Limitations/Exclusions](#))
- Infection.
- Baker IV capsular contracture (Table 1)
- Objective evidence of implant rupture, such as mammogram, MRI or ultrasound must be submitted for review. To confirm the presence of Baker IV classification, photos must be also provided.

**Table 1: The Baker Classification System for Capsular Contracture**

Class I	Augmented breast feels soft as a normal breast.
Class II	Augmented breast is less soft and the implant can be palpated but is not visible.
Class III	Augmented breast is firm and palpable and the implant (or distortion) is visible.
Class IV	Augmented breast is hard, painful, cold, tender and distorted.

## Documentation

The following documentation must be supplied to the Plan for authorization consideration:

- Original indication for implantation and current symptoms.
- Imaging study, i.e., mammography, MRI or ultrasonography (for demonstration of rupture).

### Limitations/Exclusions

- **Breast reconstruction:** Fat grafting as a method for total breast reconstruction is not considered medically necessary due to insufficient evidence of therapeutic value.
- **Autoimmune disease:** The plan does not cover silicone implant removal if autoimmune disease was diagnosed in the presence of silicone implant, as no causal relationship has been established between silicone implants and the development of the disease.
- **Implant removal:**
  - Implant removal in the presence of documented medical necessity (as indicated above) is a covered benefit; however, the plan does not cover any subsequent implant procedure unless the original insertion was a component of a medically necessary reconstruction.
  - Removal of a ruptured saline-filled or "Alternative" implant is considered not medically necessary since the potential adverse medical consequences of implant rupture are related to silicone gel implants only.
- **Implant reinsertion:** The plan does not cover reinsertion unless the original placement was part of a reconstruction. If the implant was originally placed for a condition not listed in the Guideline section above, then the reinsertion is cosmetic and not considered medically necessary.
- **Capsulectomy:** A capsulectomy is not medically necessary for saline implant removal.
- **Mastopexy:** Mastopexy is covered when associated with a reconstructive procedure.

### Revision History

11/11/16 — added link to EmblemHealth Medical Guideline, Surgical Correction of Chest Wall Deformities.  
 10/9/15 — amended Limitations/Exclusions section to communicate that removal of ruptured saline implants is not medically necessary.

### Applicable Procedure Codes

15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site

19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast (only after a mastectomy)
19396	Preparation of moulage for custom breast implant
C1789	Prosthesis, breast (implantable)
L8600	Implantable breast prosthesis, silicone or equal
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

### ICD-10 Diagnosis Codes

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
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
N64.89	Other specified disorders of breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
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
Z45.811	Encounter for adjustment or removal of right breast implant
Z45.812	Encounter for adjustment or removal of left breast implant
Z45.819	Encounter for adjustment or removal of unspecified breast implant
Z90.10	Acquired absence of unspecified breast and nipple
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

## References

American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers Breast Reconstruction for Deformities Unrelated to Cancer Treatment. 2004.

<http://www.plasticsurgery.org/x1673.xml?google=Recommended+Insurance+Coverage+Criteria+for+Third-Party+Payers+Breast+Reconstruction+for+Deformities+Unrelated+to+Cancer+Treatment><http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>. Accessed May 13, 2015.

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<http://www.plasticsurgery.org/x1673.xml?google=Recommended+Insurance+Coverage+Criteria+for+Third-Party+Payers+Breast+Reconstruction+for+Deformities+Unrelated+to+Cancer+Treatment><http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>. Accessed May 13, 2015.

FDA Center for Devices and Radiological Health. Saline-filled Breast Implant Surgery: Making an Informed Decision (Mentor Corporation). 2004.

<http://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm064457.pdf>. Accessed May 13, 2015.

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- <sup>i</sup> The Women's Health and Cancer Rights Acts of 1998 is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The law stipulates that coverage must be provided for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prosthesis (e.g., breast implant) and treatment for physical complications of the mastectomy, including lymphedema.
  - <sup>ii</sup> According to the American Society of Plastic Surgeons (ASPS), capsulectomy (removal of the scar capsule surrounding the implant) and the removal of trouble-free implants are not generally recommended, as the FDA has stated that removal carries a potentially greater risk than leaving these devices in place. Additionally, removal of the prosthesis may result in additional scarring.
  - <sup>iii</sup> Rupture is defined as a physical disruption of the solid silicone elastomer shell of a silicone gel implant which results in the migration of silicone gel out of the implant on a macroscopic level (not to be confused with gel bleed). It is also recommended that the medical record specify how the implant rupture is documented (e.g., obvious distortion or deformity on physical examination or a history of change in size and shape of the implant associated with confirmation by noninvasive testing of implant rupture, either intra- or extracapsular; the best noninvasive test for silicone gel implant rupture is MRI).