

MVP/Preferred Care BENEFIT INTERPRETATION Breast Implantation

Type of Policy

Surgical Care

Codes

ICD-9 Prodedure Codes: 84.4x, 58.50, 85.53, 85.54, 85.94

CPT Procedure Codes: 19316, 19325, 19328, 19330, 19340, 19342, 19369

HCPCS Code: L8600

Note: If there is a diagnosis of breast cancer, prior authorization is not required for the following codes:

ICD-9 Codes: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9

CPT Code: 19316, 19325, 19328, 19330, 19340, 19342, 1936

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

Breast implantation is performed for cosmetic breast augmentation, breast contour reconstruction following mastectomy, replacement of problem implants, or augmentation/reconstruction of congenital defects or anomalies. The implant is inserted beneath the pectoral muscles or breast tissue. Simple augmentation is done as an outpatient procedure. Breast reconstruction procedures require hospitalization.

Indications/Criteria

Primary breast implantation, subject to the following criteria: ^{[1][3][4]}

- post mastectomy, in women with a cancer diagnosis, as part of a breast reconstruction procedure (Refer to the MVP/PC *Breast Reconstruction* Policy).

Medically necessary implant extraction, subject to the following criteria:

- capsular contracture causing severe discomfort; **and**
- hematoma; **and**
- leakage or rupture; **and**
- infection; **and**

- ischemia; **and**
- skin loss or extrusion of the prosthesis through the muscle area.

Secondary/Subsequent breast implantation, subject to the following criteria:

- criteria for implant extraction has been met; and
- primary implantation was performed in conjunction with a cancer diagnosis.

Documentation should include:

- a complete history and physical, diagnosis and purpose of requested surgery;
- photographs may be requested by the Medical Director; and
- for implant extraction, the medical record documentation should present clear clinical evidence of the indication for the removal of the implants. Additionally, documentation such as radiology reports that will help support the medical necessity for the proposed procedure should be included.

Exclusions/Limitations

Primary Breast Implantation

- primary breast implantation for cosmetic reasons, such as breast augmentation to enlarge or reshape the breast.

Extraction and/or Secondary Implantation

- Implant Extraction is covered only when criteria in the indications/criteria section is met. The following do not qualify as medical complications for coverage of implant extractions:
 - symptoms of, or a diagnosis of, an auto-immune disorder without documentation of a medical condition as stated under Indications/Criteria;
 - anxiety over possible implant-associated disease;
 - for cosmetic reasons such as shifting, incorrect implant size, visible scars, uneven appearance, and wrinkling; or
 - changes in breast and/or nipple sensation.
- Re-implantation of breast implants, except when related to a cancer diagnosis, is considered cosmetic, and therefore, not medically necessary.

References

1. The American Academy of Cosmetic Surgery. (2002, October 3). Guidelines for breast augmentation surgery. [Electronic version]. Available on-line: cosmeticsurgery.org/Surgeons/2003_Breast_Guidelines.pdf.
2. Gardner, A., (2005, December 20). Complications common with post-mastectomy breast implants. *New York Times Syndicate*. [Electronic version]. Retrieved January 13, 2006 from U.S. National Library of Medicine and the National Institutes of Health. Available on-line: nlm.nih.gov/medlineplus/news/fullstory_28749.html.
3. National Comprehensive Cancer Network. (2005) Breast cancer. [Electronic version]. *Clinical Practice Guidelines in Oncology*, v.1. Available on-line: <http://nccn.org/>.

4. U.S. Food and Drug Administration. (2004, Sept.-Oct). Making an informed decision about breast implants. [Electronic version]. *FDA Consumer Magazine*. Retrieved January 13, 2006. Available on-line: fda.gov/fdac/features/2004/504_implants.html.

Approval(s) & Review/Revision(s)

Medical:

Review:

Surgical Advisory Team: 12/18/07

Approval:

Quality Improvement Committee: 3/10/08

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Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior authorization.. Both policies are available on the easylink for Providers at www.preferredcare.org.