



**Clinical Review Criteria
Breast Implant Removal & Re-Implantation**

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**Criteria
For Medicare Members**

| Source | Policy |
|--|--|
| CMS Coverage Manuals | None |
| National Coverage Determinations (NCD) | Breast Reconstruction Following Mastectomy (140.2) |
| Local Coverage Determinations (LCD) | Plastic Surgery (L37020) |
| Local Coverage Articles | Plastic Surgery (A57222) |

For Non-Medicare Members

Breast implant removal is covered when **All of the following** criteria are met:

1. Breast implants were part of a reconstructive procedure meeting [criteria for breast reconstructive surgery](#).
2. **One of the following** clinical symptoms are present:
 - a. Infection related to implant
 - b. Implant extrusion
 - c. Ruptured implant
 - d. Baker Classification* Class II to IV contracture
 - e. Interference with diagnosis and/or treatment of breast cancer

Additionally, breast implant removal and subsequent re-implantation may be covered if the implants were placed for a diagnosis of breast cancer or other malignancy involving the breast if criteria are met - see [Breast Reconstruction or Breast Prostheses following Mastectomy/Lumpectomy](#).

***Baker Classification:**

Class I augmented breast feels as soft as a normal breast

Class II augmented breast is less soft, and implant can be palpated, but is not visible

Class III augmented breast is firm, palpable and the implant (or distortion) is visible

Class IV augmented breast is hard, painful, cold, tender, and distorted

If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist
- Last 6 months of radiology notes if applicable

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Breast implant removal is medically necessary under limited circumstances.

Medical Technology Assessment Committee (MTAC)

Silicone Breast Implant Removal

09/11/1999: MTAC REVIEW

Evidence Conclusion: The committee reviewed the available data on the safety of silicone breast implants and concluded: There is no evidence linking silicone breast implants to cancer in women, the elective removal of existing implants is not recommended. There is concern and there may be a relationship between silicone breast implants and the development of connective tissue disease, although there is no epidemiological evidence. Silicone breast implants can impede early detection of breast cancer in cases of cosmetic breast augmentation, but do not in cases of breast reconstruction following extractive surgery.

Articles: Committee reviewed the available data on the safety of silicone breast implants and concluded: There is no evidence linking silicone breast implants to cancer in women, the elective removal of existing implants is not recommended. There is concern and there may be a relationship between silicone breast implants and the development of connective tissue disease, although there is no epidemiological evidence. Silicone breast implants can impede early detection of breast cancer in cases of cosmetic breast augmentation, but do not in cases of breast reconstruction following extractive surgery. Capsular contracture does occur in many patients and patients should be advised, before implantation, that it is a possible side effect that is normal and not harmful to their health.

The use of silicone breast implant removal for prevention of breast cancer does not meet the Kaiser Permanente *Medical Technology Assessment Criteria*.

2001: MTAC REVIEW

Silicone Breast Implant Removal

Evidence Conclusion: Evidence update outside of committee process that supported the 1999 outcome.

Articles: Intern Med J 2001 Mar31 (2):77-89 Women's health after plastic surgery.

Englert H, Joyner E, McGill N, Chambers P, Horner D, Hunt C, Makaroff J, O'Connor H, Russell N, March L. Westmead Hospital, Sydney, New South Wales, Australia. Laing TJ, Schottenfeld D, Lacey JV Jr, Gillespie BW, Garabrant DH, Cooper BC, Heeringa SG, Alcser KH, Mayes MD. Department of Internal Medicine, University of Michigan.

No meeting discussion.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT® Codes | Description |
|------------|---|
| 19328 | Removal of intact breast implant |
| 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) |

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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| Date Created | Date Reviewed | Date Last Revised |
|--------------|--|-------------------|
| 3/1999 | 10/5/2010 ^{MDCRPC} , 8/2/2011 ^{MDCRPC} , 4/02/2013 ^{MDCRPC} , 02/04/2014 ^{MPC} , 12/02/2014 ^{MPC} , 10/06/2015 ^{MPC} , 08/02/2016 ^{MPC} , 06/06/2017 ^{MPC} , 04/03/2018 ^{MPC} , 04/02/2019 ^{MPC} , 04/07/2020 ^{MPC} , 04/06/2021 ^{MPC} , 04/05/2022 ^{MPC} , 04/04/2023 ^{MPC} | 04/17/2023 |

^{MDCRPC} Medical Director Clinical Review and Policy Committee
^{MPC} Medical Policy Committee

| Revision History | Description |
|------------------|--|
| 10/01/2015 | Revised LCD Local Coverage Determination (LCD): Non-Covered Services L34886 and L35008 |
| 12/19/2017 | Added LCD 37020 |
| 04/06/2021 | Updated LCA to Plastic Surgery (A57222) |
| 04/18/2023 | Updated LCA to Plastic Surgery (A57222) |