

# Breast Procedures



Medicaid Medical Coverage Policy

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## Description

**Breast reconstruction surgery** rebuilds a breast's shape following a mastectomy or trauma and may be performed immediately, be delayed or be completed in stages. The surgeon forms a breast mound by using autologous tissue taken from other areas of an individual's body (abdomen, back, buttocks, thighs), placing an artificial implant, or using a tissue expander if necessary, depending on the final desired breast size.

The type of reconstruction recommended (autologous tissue or implants) depends on an individual's age, body composition, general health status, method of planned cancer treatment or other reason for reconstruction. Breast reconstruction may require multiple surgeries, such as nipple and areola reconstruction and tattoo pigmentation, revision surgery involving the breast and/or donor site or surgery on the opposite breast to correct asymmetry. **Mastopexy** or a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast to improve symmetry of the size, shape and position of both breasts.

**Breast implants** are silicone sacs filled with saline (salt water) or silicone gel. The development of scar tissue around a breast implant may necessitate a capsulotomy (surgical opening and release of scar tissue) or capsulectomy (surgical removal of the entire capsule containing the breast implant surrounded by abnormally thick, hardened tissue).

**Reduction mammoplasty** (also spelled mammoplasty), or breast reduction surgery, reduces the volume and weight of the breasts by removing excess glandular tissue, skin and subcutaneous fat. The goals of the surgery are to relieve symptoms caused by heavy breasts, to create a natural, balanced appearance with normal location of the nipple and areola, to maintain the capacity for lactation and allow for future breast exams/mammograms, with minimal scarring or decreased sensation. The traditional method of breast reduction requires an open incision around the areola extending downward to the crease beneath the breast. Excess breast tissue, fat and skin are removed, and placement of the nipple and areola are adjusted.

In a **liposuction-only reduction mammoplasty**, a small access incision is made in one of the following locations: axillary (under the arm), periareolar (around the nipple) or in the inframammary fold (under the breast). Anesthesia may be injected along with saline solution until the tissue is firm, and a suction cannula is used to extract fat from the breast.

### Coverage Determination

Humana members may be eligible under the Plan for **breast reconstruction** when the following criteria are met:

An individual has had any of the following:

- A medically necessary mastectomy or lumpectomy (regardless of the date of the mastectomy or lumpectomy); **OR**
- A medically necessary prophylactic mastectomy; **OR**
- Trauma (within 12 months postinjury);

**Surgical procedures include one or more of the following:**

- Insertion of breast implants; **OR**
- Insertion of tissue expanders; **OR**
- Mastopexy (including prior to a nipple-sparing mastectomy); **OR**
- Nipple reconstruction; **OR**
- Reduction mammoplasty only if necessary to preserve nipple viability prior to a nipple-sparing mastectomy (**medical director review required**)

### Correction of Breast Asymmetry

Humana members may be eligible under the Plan for breast reconstruction surgery to correct breast asymmetry following, or in conjunction with:

- A medically necessary lumpectomy that results in a deformity; **OR**
- A medically necessary mastectomy; **OR**
- Complications with or removal of breast implant(s) following a medically necessary mastectomy; **OR**
- Trauma (within 12 months postinjury)

Further modification related to achieving symmetry is subject to medical necessity and does not include procedures to fill the flap donor site.

#### **Capsulectomy, Capsulotomy, Breast Implant Removal**

Humana members may be eligible under the Plan for **capsulectomy, capsulotomy or breast implant removal** when the following criteria are met:

- Breast implants were placed in conjunction with a medically necessary (noncosmetic) surgery

#### **AND any of the following complications:**

- Capsular contracture ([Baker grade](#) III or IV); **OR**
- Extrusion; **OR**
- Breast implant rupture (confirmed by imaging such as magnetic resonance imaging [MRI] or ultrasound); **OR**
- Implant infection refractory to medical management (eg, antibiotics) unless contraindicated;

#### **AND either:**

- Infection confirmed by microbiological analysis of peri-implant fluid aspirate; **OR**
- Presence of symptoms such as fever, redness, elevated white blood cell (WBC) count

#### **Breast Implant Associated Anaplastic Large Cell Lymphoma**

**Note:** The following criteria apply **ONLY** to implant removal related to breast implant associated anaplastic large cell lymphoma BIA-ALCL.<sup>3,10,11,18</sup>

Humana members may be eligible under the Plan for **total capsulectomy with breast implant removal** for the following indications:

- Pathologic confirmation of breast implant associated anaplastic large cell lymphoma BIA-ALCL by cytological evaluation of seroma fluid or mass with Wright Giemsa stained smears and cell block immunohistochemistry/flow cytometry testing for cluster of differentiation (CD30) and anaplastic lymphoma kinase (ALK) markers<sup>18</sup>; **OR**
- Removal of Allergan BIOCELL textured breast implants and tissue expanders (due to increased risk of breast implant-associated anaplastic large cell lymphoma [BIA-ALCL])<sup>18</sup>

### **Breast Implant Associated Squamous Cell Carcinoma**

Humana members may be eligible under the Plan for **total capsulectomy with breast implant removal** for a confirmed diagnosis of breast implant-associated squamous cell carcinoma (BIA-SCC).

Humana members may be eligible under the Plan for **reinsertion of breast implants** following a medically necessary removal.

### **Reduction mammoplasty of the unaffected/contralateral breast**

Humana members may be eligible under the Plan for **reduction mammoplasty of the unaffected/contralateral breast in conjunction with breast reconstruction** will be considered medically reasonable and necessary when performed to produce a symmetrical appearance following a medically necessary mastectomy or lumpectomy due to breast cancer.

## **Coverage Limitations**

Humana members may **NOT** be eligible under the Plan for **breast reconstruction, capsulectomy, capsulotomy or breast implant removal or reduction mammoplasty procedures** for any indications other than those listed above.

Humana members may **NOT** be eligible under the Plan for **liposuction-only reduction mammoplasty**. A review of the current medical literature shows that the **evidence is insufficient** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Humana members may **NOT** be eligible under the Plan for **correction of breast asymmetry** for any indications other than those listed above, including, but may not be limited to naturally occurring breast asymmetry or nipple reconstruction for inverted nipples. This is considered not medically necessary.

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
15877	Suction assisted lipectomy; trunk	
19316	Mastopexy	
19325	Breast augmentation with implant	
19328	Removal of intact breast implant	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	
19342	Insertion or replacement of breast implant on separate day from mastectomy	
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	
19396	Preparation of moulage for custom breast implant	
19499	Unlisted procedure, breast	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
C1789	Prosthesis, breast (implantable)	
L8600	Implantable breast prosthesis, silicone or equal	

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## Appendix

### Appendix A – Baker Grading Scale<sup>17</sup>

Grade	Breast appearance
Grade I	Breast is normally soft and appears natural
Grade II	Breast is firm but appears normal
Grade III	Breast is firm and appears abnormal
Grade IV	Breast is hard, painful and appears abnormal

## Change Summary

01/01/2025 New Policy.

08/05/2025 Annual Review, Coverage Change. Title Change Updated Coding Information