Medica Central Utilization Management Policy

Title:	**Breast Implant Removal, Revision, or Reimplantation MP9580 (III-SUR.11)**
Effective Date:	**January 01, 2026**

This policy was developed with input from specialists in plastic surgery and general surgery, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions
   A. **Breast implants** are bags or pouches filled with a saline or silicone gel solution and placed under the skin, under the breast, or under the pectoral muscle. Breast implants are used for breast contour outline reconstruction following mastectomy or for cosmetic breast size augmentation.
   B. **Capsular contracture** occurs when the scar tissue forms at the site of breast implantation and may result in deformity, pain, and/or changes the how the breast feels.. The degree of contracture is routinely classified by using the **Baker grading system**. The four Baker contracture grades are::
      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: the breast is firm, palpable, and the implant or its distortion is visible.

Grade IV: the breast is hard, painful, cold, tender, and distorted.

II. Comments

A. The FDA has approved multiple breast implants for marketing in the United States, including products manufactured by Mentor, Allergan, and Sientra.

B. The long-term physiological effects of breast implants are unknown. Some women with breast implants have reported health problems that they believe are related to their implants, but most studies of these diseases have failed to show an association with breast implants. There also have been concerns about possible, but unproven, effects on health. Most of the health concerns about breast implants are related to the body reacting to a foreign material, such as silicone gel. See http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/default.htm for more information. Page last updated October 27, 2021. Accessed July 08, 2025.

C. Complications of breast implants include, but are not limited to:

1. Reoperations, with or without removal of the implant
2. Capsular contracture
3. Breast pain
4. Breast implant associated-anaplastic large cell lymphoma (BIA-ALCL)
5. Reports of Squamous Cell Carcinoma (SCC), various lymphomas other than BIA-ALCL, and mesenchymal tumors, including sarcoma
6. Breast cancerChanges in nipple and breast sensation
7. Excessive bleeding
8. Infection
9. Implant rupture or loss of shell integrity
   a. Rupture or leakage of silicone may lead to a variety of other related complications, such as:
      1) Enlarged lymph nodes
      2) Scar formation
      3) Inflammation
      4) Granulomatous foreign body reaction
      5) Presence of foamy histiocytes
      6) Silicone mastopathy
      7) Nodule formation
      8) Migration of silicone gel to adjacent or other tissue.
   b. Rupture or leakage of saline implants has not been shown to be harmful to the body. If a saline-filled implant ruptures, the implant will deflate in a few hours and the body will harmlessly absorb the salt water.

D. The Food and Drug Administration (FDA) panel advises that women with implants see their physicians periodically and, if an implant is found to have ruptured, discuss the need to have it removed. The FDA also advises that women who are not experiencing problems with their implants need not have their implants removed, as the normal risk associated with the surgical procedure is likely to be greater than any real or speculative risk from retaining the implant. Occasionally it is necessary for a woman to have her breast implants surgically revised, either by complete removal, or removal with reimplantation.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for breast implant removal, revision, or reimplantation (unless associated with breast reconstruction following mastectomy AND the procedure will be coded as such). Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
3. Cosmetic surgery is generally an exclusion in the member's plan document. However, coverage of all stages of reconstruction of the breast on which a mastectomy was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance is required by state and federal law.
4. Reimplantation, when the original reason for implants was cosmetic, and not associated with a previous medically necessary mastectomy, *is cosmetic and therefore, not covered.*
5. Removal, revision, or reimplantation of saline or silicone implants for the following reasons are generally not considered medically necessary:
   A. Breast implant malposition
   B. Unsatisfactory aesthetic outcome
   C. Patient desire for change of implant.
6. If the medical necessity criteria for removal of a breast implant are met unilaterally, Dean Health Plan will cover removal of the implant in the other breast if both implants are removed at the same time.
7. If the Medical Necessity Criteria and Benefit Considerations are met, Dean Health Plan will authorize benefits within the limits in the member's plan document.
8. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeal process in the Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

Note: Photographs encouraged, but not mandatory, as they may assist in establishing medical necessity.

II. Prior authorization **is not required** for breast implantation removal, revision or reimplantation when it is associated with breast reconstruction following mastectomy AND the procedure is coded as such.

III. Breast implant **removal** or **revision** is considered medically necessary when documentation in the medical record indicates that **one of the following** criteria are met:
   A. If previous augmentation with a **saline** implant(s), **one of the following** criteria must be met:
      1. Previous medically necessary implant, post mastectomy
      2. Persistent or recurrent infection (local or systemic) secondary to breast implant, not amenable to or unresponsive to treatment (e.g., antibiotic therapy).
      3. Uncontrolled bleeding
      4. Extrusion of the implant through the skin
      5. Baker Class IV capsular contraction and **one of the following** criteria are met:
         a. Pain
         b. Persistent infection refractory to medical management
         c. Interference with standard breast cancer screening

d. Contracture interferes with routine mammography.

6. Baker class III or IV distortion in a patient with implant placed as part of a medically necessary reconstructive surgery after mastectomy, lumpectomy, or breast cancer treatment
7. Removal of a contralateral breast implant to achieve symmetry when medical necessity criteria for removal of the other implant are met
8. When required to produce a symmetrical appearance after a medically necessary breast cancer surgery on the contralateral breast.
9. Severe capsular contraction that interferes with routine mammography
10. Surgery on the contralateral breast when one of the following criteria are met:
    a. Removal of the implant to achieve symmetry when medical necessity criteria for removal of the other implant are met.
    b. When required to produce a symmetrical appearance after a medically necessary breast cancer surgery on the contralateral breast
11. Interference with the diagnostic evaluation of a suspected breast cancer or treatment of known breast cancer
12. Granuloma
13. Tissue necrosis secondary to the implant
14. Breast implant-associated anaplastic large cell lymphoma.

B. If previous augmentation with a **silicone** implant(s), **one of the following** criteria must be met:

1. Previous medically necessary implant, post mastectomy
2. Ruptured (intra- or extracapsular) or leaking silicone implant, confirmed on imaging studies (i.e., mammography, ultrasound, or magnetic resonance imaging (MRI)
3. Recurrent infection, not amenable to or unresponsive to treatment
4. Uncontrolled bleeding
5. Extrusion of the implant through the skin
6. Baker Class IV capsular contraction causing severe pain
    a. Pain
    b. Persistent infection refractory to medical management
    c. Interference with standard breast cancer screening
    d. Contracture interferes with routine mammography.
7. Severe capsular contraction that interferes with routine mammography
8. Interference with the diagnostic evaluation of a suspected breast cancer or treatment of known breast cancer
9. Siliconoma or granuloma
10. Tissue necrosis secondary to the implant
11. Breast implant-associated anaplastic large cell lymphoma

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: https://www.cms.gov/medicare-coverage-database/new-search/search.aspx

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DOCUMENT HISTORY

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	October 19, 2022
Revised:	Medical Policy Committee/Health Services Division	November 15, 2023
	Medical Policy Committee/Health Services Division	June 20, 2024
Reviewed:	Medical Policy Committee/Health Services Division	October 18, 2023
	Medical Policy Committee/Health Services Division	November 15, 2023
	Medical Policy Committee/Health Services Division	June 20, 2024

DOCUMENT HISTORY

Original Effective Date	02/01/2023
MPC Endorsement Date(s)	08/2025
Administrative Update(s)	

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No new references

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