

## Table Attachment S-129

The following chart should facilitate determination of the medical necessity breast implant removal:

**Yes-** indicates the removal would be considered medically necessary, given the symptoms, type of implant, and original indication for implantation.

**No-** indicates the removal would be considered not medically necessary.

| Indication for Breast Implant Removal | Reconstruction/<br>Silicone | Reconstruction/<br>Saline | Cosmetic/Silicone | Cosmetic/Saline |
|---------------------------------------|-----------------------------|---------------------------|-------------------|-----------------|
| <b>Absolute Medical Indications</b>   |                             |                           |                   |                 |
| Rupture*                              | yes                         | yes                       | yes               | no              |
| Baker class IV contracture            | yes                         | yes                       | yes               | yes             |
| Recurrent infection                   | yes                         | yes                       | yes               | yes             |
| Extruded implant                      | yes                         | yes                       | yes               | yes             |
| Surgery for breast cancer             | yes                         | yes                       | yes               | yes             |
| <b>Other Indications</b>              |                             |                           |                   |                 |
| Baker class III contractures***       | yes                         | yes                       | no                | no              |
| Pain**                                | no                          | no                        | no                | no              |
| <b>Post-Explantation Procedures</b>   |                             |                           |                   |                 |
| Reimplantation of implants            | yes                         | yes                       | no                | no              |
| Autologous reconstruction             | yes                         | yes                       | no                | no              |

\* **Rupture** of implants requires documentation with an imaging study, such as mammography, magnetic resonance imaging, or ultrasonography. Lack of imaging confirmation of rupture in association with persistent local symptoms requires case by case consideration.

\*\* **Pain** as an isolated symptom is an inadequate indication for implant removal. The pain should be related to the Baker classification or a diagnosis of rupture.

\*\*\***Contractures** have been graded according to the Baker Classification which is outlined below:

- 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: Breast is firm, palpable, and the implant (or its distortion) is visible.
- Grade IV: Breast is hard, painful, cold, tender, and distorted.

Please see next page.

### Quantity Level Limits For Breast Prosthetics

| <u>Procedure Code</u> | <u>Definition</u>                                                                                                | <u>Less than or equal to 12 months post mastectomy.</u>                                                                                                                                                                                                                                                                  | <u>Greater than or equal to 13 months post mastectomy.</u>                                                                                                                                                                                                                                                             |
|-----------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>L8000</u>          | <u>Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type</u>          | <ul style="list-style-type: none"> <li>• <u>Up to four (4)</u></li> <li>• <u>Includes codes L8001, L8002, L8010, L8015, and S8460.</u></li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• <u>Up to two (2) every 12 months</u></li> <li>• <u>Includes codes L8001, L8002, L8010, L8015, and S8460.</u></li> </ul>                                                                                                                                                       |
| <u>L8001</u>          | <u>Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type</u> | <ul style="list-style-type: none"> <li>• <u>Up to four (4)</u></li> <li>• <u>Includes codes L8000, L8002, L8010, L8015, and S8460.</u></li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months</u></li> <li>• <u>Including codes L8000, L8002, L8010, L8015, and S8460.</u></li> </ul>                                                                                                                                                            |
| <u>L8002</u>          | <u>Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type</u>  | <ul style="list-style-type: none"> <li>• <u>Up to four (4)</u></li> <li>• <u>Includes codes L8000, L8001, L8010, L8015, and S8460.</u></li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months</u></li> <li>• <u>Includes codes L8000, L8001, L8010, L8015, and S8460.</u></li> </ul>                                                                                                                                                             |
| <u>L8010</u>          | <u>Breast prosthesis, mastectomy sleeve</u>                                                                      | <ul style="list-style-type: none"> <li>• <u>Up to four (4)</u></li> <li>• <u>Includes codes L8000, L8001, L8002, L8015, and S8460.</u></li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months</u></li> <li>• <u>Includes codes L8000, L8001, L8002, L8015, and S8460.</u></li> </ul>                                                                                                                                                             |
| <u>L8015</u>          | <u>External breast prosthesis garment, with mastectomy form, post mastectomy</u>                                 | <ul style="list-style-type: none"> <li>• <u>Up to four (4)</u></li> <li>• <u>Includes codes L8000, L8001, L8002, L8010, and S8460.</u></li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months</u></li> <li>• <u>Includes codes L8000, L8001, L8002, L8010, and S8460.</u></li> </ul>                                                                                                                                                             |
| <u>L8020</u>          | <u>Breast prosthesis, mastectomy form</u>                                                                        | <ul style="list-style-type: none"> <li>• <u>Two (2) within 12 months for fabric, foam, or fiber-filled breast prostheses per affected side.</u></li> <li>• <u>One (1) within 24 months for silicone prostheses per affected side.</u></li> <li>• <u>Includes codes L8030, L8031, L8032, L8035, and L8039.</u></li> </ul> | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months for fabric, foam, or fiber-filled breast prostheses per affected side.</u></li> <li>• <u>One (1) every 24 months for silicone prostheses per affected side.</u></li> <li>• <u>Includes codes L8030, L8031, L8032, L8035, and L8039.</u></li> </ul> |
| <u>L8030</u>          | <u>Breast prosthesis, silicone or equal, without integral adhesive</u>                                           | <ul style="list-style-type: none"> <li>• <u>One (1) per affected side within 24 months</u></li> <li>• <u>Includes codes</u></li> </ul>                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• <u>One (1) per affected side every 24 months,</u></li> <li>• <u>Includes codes</u></li> </ul>                                                                                                                                                                                 |

|              |                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |
|--------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |                                                                                       | <u>L8030 and L8035.</u>                                                                                                                                                                                                                                                                                                  | <u>L8030 and L8035.</u>                                                                                                                                                                                                                                                                                                |
| <u>L8031</u> | <u>Breast prosthesis, silicone or equal, with integral adhesive</u>                   | <ul style="list-style-type: none"> <li>• <u>One (1) per affected side within 24 months</u></li> <li>• <u>Includes codes L8030 and L8035.</u></li> </ul>                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• <u>One (1) per affected side every 24 months</u></li> <li>• <u>Includes codes L8030 and L8035.</u></li> </ul>                                                                                                                                                                 |
| <u>L8032</u> | <u>Nipple prosthesis, reusable, any type, each</u>                                    | <ul style="list-style-type: none"> <li>• <u>One (1) per affected side every three (3) months.</u></li> </ul>                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• <u>One (1) per affected side every three (3) months.</u></li> </ul>                                                                                                                                                                                                           |
| <u>L8035</u> | <u>Custom breast prosthesis, post mastectomy, molded to patient model</u>             | <ul style="list-style-type: none"> <li>• <u>Two (2) within 12 months for fabric, foam, or fiber-filled breast prostheses per affected side.</u></li> <li>• <u>One (1) within 24 months for silicone prostheses per affected side.</u></li> <li>• <u>Includes codes L8020, L8030, L8031, L8032, and L8039.</u></li> </ul> | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months for fabric, foam, or fiber-filled breast prostheses per affected side.</u></li> <li>• <u>One (1) every 24 months for silicone prostheses per affected side.</u></li> <li>• <u>Includes codes L8020, L8030, L8031, L8032, and L8039.</u></li> </ul> |
| <u>L8039</u> | <u>Breast prosthesis, not otherwise specified</u>                                     | <ul style="list-style-type: none"> <li>• <u>Two (2) within 12 months for fabric, foam, or fiber-filled breast prostheses per affected side.</u></li> <li>• <u>One (1) within 24 months for silicone prostheses per affected side.</u></li> <li>• <u>Includes codes L8020, L8030, L8031, L8032, and L8035.</u></li> </ul> | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months for fabric, foam, or fiber-filled breast prostheses per affected side.</u></li> <li>• <u>One (1) every 24 months for silicone prostheses per affected side.</u></li> <li>• <u>Includes codes L8020, L8030, L8031, L8032, and L8035.</u></li> </ul> |
| <u>A4280</u> | <u>Adhesive skin support attachment for use with external breast prosthesis, each</u> | <u>No quantity limits.</u>                                                                                                                                                                                                                                                                                               | <u>No quantity limits.</u>                                                                                                                                                                                                                                                                                             |
| <u>S8460</u> | <u>Camisole, postmastectomy</u>                                                       | <ul style="list-style-type: none"> <li>• <u>Up to four (4)</u></li> <li>• <u>Includes codes L8000, L8001, L8002, L8010, and L8015.</u></li> </ul>                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• <u>Two (2) every 12 months</u></li> <li>• <u>Includes codes L8000, L8001, L8002, L8010, and L8015.</u></li> </ul>                                                                                                                                                             |