

## Silicone Or Saline Breast Implant Removal

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

19328, 19330

### 2.0 DESCRIPTION

The removal of silicone or saline mammary implant material.

### 3.0 POLICY

**3.1** Removal of silicone or saline breast implants is covered if the initial silicone or saline breast implantation was or would have been a covered benefit.

**3.2** Signs or symptoms of complications must be present and documented. Current medical literature supports removal of silicone or saline breast implants for the following indications:

- Signs and symptoms that may signal implant rupture; and
- Capsular contracture.

**3.3** If the initial silicone or saline breast implant surgery was for an indication not covered or coverable by TRICARE, implant removal may be covered only if it is necessary treatment of a complication which represents a separate medical condition. See [Section 1.1](#).

**3.4** Breast Magnetic Resonance Imaging (MRI) to detect implant rupture is covered. The implantation of the breast implants must have been covered by TRICARE.

### 4.0 EXCLUSIONS

**4.1** Removal of silicone or saline breast implants for the presence of autoimmune or connective tissue disorders.

**4.2** In the case of implants not originally covered or coverable, implant damage, hardening, leakage, and autoimmune disorder do not qualify as separate medical conditions. They are

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considered unfortunate sequelae resulting from the initial non-covered surgery, and, therefore, are excluded.

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