

SILICONE OR SALINE BREAST IMPLANT REMOVAL

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AUTHORITY: [32 CFR 199.4\(a\)\(1\)](#), [\(e\)\(8\)\(iv\)](#), and [\(e\)\(9\)](#)

I. CPT¹ PROCEDURE CODES

19328, 19330

II. DESCRIPTION

The removal of silicone or saline mammary implant material.

III. POLICY

A. 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.

B. 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:

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

C. 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.

IV. EXCLUSIONS

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

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

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

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