

**Name Surgeon:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:** Insurance company \_\_\_\_\_

**Attn:** Medical Review Department, Mail Administrator

Address: \_\_\_\_\_

**Re: Letter of Medical Necessity for Breast Explant Surgery**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Insurance Member ID:** \_\_\_\_\_

**Procedure CPT Code(s):**

- **19328 – Removal of intact breast implant**
- **19330 – Removal of ruptured implant**
- **19371 – Periprosthetic capsulectomy**

Dear Medical Review Board,

I am writing to formally substantiate the medical necessity for **breast explant surgery** for my patient, \_\_\_\_\_ who has been under my care for a short time. She was referred here for my evaluation and treatment, by her doctors/nurses, letters included for substantiation. She states that she has been to \_\_\_\_\_ different doctors, and \_\_\_\_\_ ERs since May \_\_\_\_\_ (date of first visit). My request includes the removal of breast implants with complete or partial capsulectomy as clinically indicated.

## Medical History & Clinical Indications:

\_\_\_\_\_ underwent breast augmentation/reconstruction in Month and Year \_\_\_\_\_ using saline/silicone (circle one) implants. These were thought to be safe at that time. And based on the knowledge of these implants, she made her decision to proceed with this surgery. In recent years, she states that she has developed multiple progressive and debilitating symptoms that are consistent with **Breast Implant Illness (BII)** or other implant-related complications. These Coincide with the symptoms noted in the Black Box Warning by the FDA in 2021. For her, she states, these include, but are not limited to:

- Severe Osteoporosis resulting in 2 pathologic fractures in the last 5 years.
- Chronic fatigue
- Cognitive dysfunction (“brain fog”)
- Muscle and joint pain and swelling
- Severe Chest pain or tightness (5 EKGs are negative for hear/lung illness)
- Autoimmune symptoms or confirmed autoimmune diagnosis (swelling, lab work, bone loss, weight gain, rashes, chronic inflammation, diarrhea. See her labs, which she will include to you)
- Chronic rashes on upper chest, neck, face and arms. (SLE has been ruled out)
- Anxiety, due to lack of diagnosis, treatment, severe pain, and financial stress
- Hair loss, tinnitus, difficult swallowing, hoarseness
- Swollen, red, warm breasts, swollen B/L Axillas, and swollen supraclavicular fossas B/L.
- Lab findings indicating auto immune condition that can be explained by implant reaction. She states that lab results are available from her upon request.

Additionally, diagnostic testing and clinical evaluations have **ruled out other underlying medical causes**, further supporting that these symptoms are likely related to her breast implants. Given the constellation of her symptoms, clinical course, and failure to improve with conservative management, explant surgery is both **medically necessary and urgent** to prevent further deterioration of her health and quality of life.

## Supporting Documentation:

- Imaging results (MRI, ultrasound) showing altered Lymph node changes.
- Clinical notes outlining symptom progression and functional impairment. The patient has been to many doctors and ERs recently. Please review your records.
- Laboratory results and evaluations by relevant specialists. Labs show signs of inflammation, but do not point to any other diagnosis.

- Documentation of failed medical management or supportive therapies
- Chronic Diarrhea
- The patient states she has been diagnosed and is being treated for other sicknesses that can be related and caused by BII. Records available upon request.

**Diagnosis Codes: Substantiated by Nurse Practitioner, Deb Reid.**

- **T85.49XA – Mechanical complication of breast prosthesis and implant**
- **T85.79XA – Infection and inflammatory reaction due to other internal prosthetic devices, implants, grafts.**
- **T85.848A – Pain due to internal prosthetic devices, implants and grafts.**
- **M35.9: Autoimmune disease (systemic), unspecified**
- **Z87.310 Severe Osteoporosis (Pathologic Fractures: if apply to you, list:\_\_\_\_\_**
- **M80: Osteoporosis: 3.0 Left ultra distal radius, more. Report available.**

**Procedure & Surgical Plan:**

The planned procedure includes:

- Removal of saline breast implants (CPT 19328/19330)
- Capsulectomy as clinically indicated (CPT 19371)
- Possible pathological analysis of capsules/implants to assess for silicone leakage, bacterial biofilm, or lymphoma (BIA-ALCL) if warranted.

This procedure is not being performed for cosmetic reasons. It is being pursued to alleviate medically documented systemic symptoms, prevent complications associated with implant rupture or capsular contracture, Severe Osteoporosis, if applicable: \_\_\_\_\_ and restore the patient's overall health.

**Conclusion:**

Given the compelling clinical evidence, progression of symptoms, and lack of alternative treatment options, breast explant surgery appears to be medically necessary for \_\_\_\_\_ I urge you to approve this request for surgical intervention. Please do not hesitate to contact the patient if you require any additional information or documentation. She will pay, in the interim, for the surgical intervention

due to the severity of her symptoms. She states that she will seek reimbursement from you. I support her in this endeavor. However, I will not be involved in that interaction. I will be paid for my work by the patient.

Thank you for your time and consideration.

Sincerely,

Surgeon's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NPI: \_\_\_\_\_