

**Name of General Practitioner/NP:**

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

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**Date:** September 9, 2025

**To: Insurance Company:**

Medical Director, Appeals, Coverage:

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**RE: Referral to Breast Explant Surgical specialist**

**Medically Necessary Explant Surgery for** \_\_\_\_\_

**DOB:** \_\_\_\_\_

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

Dear Medical Director,

I am writing on behalf of my patient, \_\_\_\_\_ to substantiate need for medically necessary **bilateral breast implant removal (explant surgery)** due to a diagnosis of **Breast Implant Illness (BII)** and associated complications. She has been a patient of mine for Years \_\_\_\_\_ Months \_\_\_\_\_ Multiple labs and studies have been run on her. It is my opinion that she needs to see an expert in Explant Surgery as soon as possible..

## **Medical History & Presenting Symptoms**

[Patient Name] underwent **breast augmentation/reconstruction** on [date of original surgery] using [type of implants]. Since then, she has developed numerous systemic symptoms consistent with BII, including but not limited to:

- Chronic fatigue
- Joint and muscle pain and swelling
- Cognitive dysfunction ("brain fog")
- Chronic chest, neck, Axillary and supraclavicular fossa swelling

- Autoimmune symptoms (e.g., positive ANA, thyroid dysfunction, more)
- Chest pain and difficulty swallowing and hoarseness
- Recurrent rashes to face, chest, arms
- Positive findings in labs
- Negative findings in multiple special studies on chest, lungs, neck, head and heart

Extensive diagnostic workup has failed to identify another underlying cause. Her symptoms are significantly impairing her daily function and quality of life.

## Diagnosis

While BII is not yet an officially codified diagnosis in ICD-10, it is increasingly recognized in the medical literature and by organizations such as the FDA and ASPS. In September 2020, and October 2021], the FDA added a **black box warning** to breast implants, acknowledging systemic symptoms in some patients. This patient meets the clinical criteria for suspected BII.

Additionally, the patient has the following **documented complications**: please check:

- Associated Hypertension, especially Orthostatic
- Lymph node changes (confirmed by MRI/ultrasound, right breast)
- Chronic pain or inflammation
- Autoimmune/autoinflammatory syndrome based on labs
- Severe Osteoporosis likely due to Chronic Inflammation associated.
- Fractures associated, locations:

## Medical Necessity

This procedure is **not cosmetic** in nature. The explant surgery is being recommended as **medically necessary** to:

- Remove a potential source of chronic systemic illness
- Alleviate severe and disabling symptoms (pain)
- Prevent further autoimmune/inflammatory complications
- Improve quality of life and reduce ongoing healthcare utilization
- Give the opportunity to successfully treat her Osteoporosis, and prevent further fractures.

A growing body of anecdotal and clinical evidence supports **symptom resolution** or improvement following explant surgery in patients with BII.

## Diagnosis Codes:

- 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
- Severe Osteoporosis, if applicable.

## Likely Procedure: Though, I am not the specialist

- CPT Code: 19328 – Removal of intact breast implant
- CPT 19371 – Periprosthetic capsulectomy, if required
- CPT 15877 – Suction-assisted lipectomy of trunk (if indicated for pocket cleanup)

I respectfully request that your company review this case and approve coverage for explant surgery as **medically necessary** under your benefits package. Supporting documentation including imaging, lab work, and consultation notes is attached for review.

Please feel free to contact the patient for more information. She has all of her records.

Thank you for your time and consideration.

Sincerely,

Name of Practitioner: \_\_\_\_\_

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

Credentials: \_\_\_\_\_

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

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