

Breast implant management

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *19325, *19328, *19330

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have a Baker Class III contracture AND the original initial implant was for reconstructive purposes (NOT cosmetic)?

A

Possible answers: Yes No N/A

Q Does the patient have a Baker Class IV contracture?

A

Possible answers: Yes No N/A

Q Does the patient have recurrent breast infections?

A

Possible answers: Yes No N/A

Q Does the patient have breast implant extrusion?

A

Possible answers: Yes No N/A

Q Did the patient's silicone breast implant rupture?

A

Possible answers: Yes No N/A

Q Does the patient have or is suspected to have breast implant-associated anaplastic large cell lymphoma (BIA-ALCL)? (Symptoms include pain, swelling, redness or lump in the area of the implant; seroma; asymmetry of the breast.)

A

Possible answers: Yes No N/A

Q Does the patient have a ruptured saline implant that was inserted for reconstructive reasons (NOT cosmetic)?

A

Possible answers: Yes No N/A

Q Are implants being reinserted post removal surgery AND the original surgery was for reconstructive purposes (NOT cosmetic)?

A

Possible answers: Yes No N/A

Q Are the implants being removed SOLELY because the patient has pain not related to contractures or rupture, anxiety or a systemic illness (for example, connective tissue diseases, autoimmune diseases, etc.)?

A

Possible answers: Yes No N/A



**Blue Care
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Preview questionnaire Breast implant management

For BCN HMOSM (commercial) and BCN AdvantageSM members

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Q Is the breast implant being removed for surgery or radiation therapy because the member has a diagnosis of breast cancer?

A

Possible answers: Yes No N/A

Q Does the patient have textured-surface breast implants AND the surgeon determines it is in the best interest of the patient to remove them?

A

Possible answers: Yes No N/A

Q Does the patient have implants or tissue expanders that have been withdrawn from the market at the request of the FDA (for example, Allergan BIOCELL) that need to be removed?

A

Possible answers: Yes No N/A