# Prior Authorization for Breast Reconstruction Surgeries and Related Codes required Effective January 1, 2026

## Notice of Material Amendment

To comply with Arkansas Act 424, which mandates prior authorization (PA) for breast reconstruction surgeries, the following list of codes were added to require prior authorization, effective January 1, 2026, for fully Insured plans of Arkansas Blue Cross and Blue Shield.

This requirement also applies to Health Advantage, Exchange, ARHome and Octave groups; as well as Arkansas State Employees-Public School Employees, Arkansas State Police and non-ERISA self-insured plans.

**Effective December 1, 2026**

It has come to our attention recently that certain codes related to mastectomies were not updated in our system and may have been approved without Prior Authorization. Therefore, we are writing to advise you that beginning December 1, 2026, pursuant to Act 424, the following codes will be added to the current list of Breast Reconstruction and Related Codes that require Prior Authorization:

**Mastectomy Codes**

- 19303 – Simple/total mastectomy
- 19304 – Subcutaneous mastectomy
- 19305 – Radical mastectomy
- 19306 – Modified radical mastectomy
- 19307 – Modified radical mastectomy with pectoralis minor removal

**Other Associated codes**

- 19371- Periprosthetic capsulectomy, breast
- 19328- Removal of intact breast implant
- 19330- Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)

## Review complete set of codes below that require Prior Authorization for these services:

| CPT Code | Description |
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| 11920 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less |
| 11921 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm |
| 11970 | Replacement of tissue expander with permanent implant |
| 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area |
| 15272 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) |
| 15771 | Grafting of autologous fat, harvested via liposuction, to the trunk, breasts, scalp, arms, and/or legs, with 50 cc or less injectate. |
| 15777 | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure) |
| 19303 | Simple/total mastectomy |
| 19304 | Subcutaneous mastectomy |
| 19305 | Radical mastectomy |
| 19306 | Modified radical mastectomy |
| 19307 | Modified radical mastectomy with pectoralis minor removal |
| 19316 | Mastopexy |
| 19318 | Breast Reduction |
| 19325 | Breast augmentation with implant |
| 19328 | Removal of intact breast implant |
| 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) |
| 19340 | Insertion of breast implant on same day of mastectomy (ie, immediate) |
| 19342 | Insertion or replacement of breast implant on separate day from mastectomy |
| 19350 | Nipple/areola reconstruction |
| 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) |

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| 19361 | Breast reconstruction; with latissimus dorsi flap |
| 19364 | Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap) |
| 19367 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap |
| 19368 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging) |
| 19369 | Breast reconstruction; with bipedicle transverse rectus abdominis myocutaneous (TRAM) flap |
| 19370 | Revision of the peri-implant capsule of the breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy |
| 19371 | Periprosthetic capsulectomy, breast |
| 19380 | Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) |
| 19396 | Preparation of moulage for custom breast implant |
| L8600 | Implantable breast prosthesis, silicone or equal |
| S2066 | Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral |
| S2067 | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral |
| S2068 | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral |