

**PROVIDER NOTIFICATION OF  
PAYMENT POLICY CHANGE**

POLICY TITLE	POLICY NUMBER	POLICY CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
<b>Mastectomy and Breast Reconstruction Reimbursement Requirements Under Arkansas Act 561</b>	#000030	<p>Arkansas Blue Cross and Blue Shield has published a new payment policy outlining the current reimbursement requirements for mastectomy and breast reconstruction under Arkansas Act 561 of 2026.</p> <p>For supplies required under Act 561 (e.g., mesh and nerve graft materials), ABCBS will reimburse providers at a rate equal to or greater than 100% of the provider's acquisition cost, as mandated. The acquisition cost of supplies and materials associated with Act 561 will be determined by provider invoice, provided at time of claim submission.</p> <p>To apply appropriate reimbursement, the following surgical procedures will suspend for manual review by ABCBS, and acquisition cost will be applied to the device portion of the full surgical allowance:</p> <ul style="list-style-type: none"> <li>• 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 11970, 15771, 15772, 15777, 15860</li> </ul> <p>Providers submitting claims under this policy must:</p> <ul style="list-style-type: none"> <li>• Document that services were furnished in connection with a covered mastectomy or reconstruction required under Act 561.</li> <li>• Submit itemized invoices for all artificial/biological mesh and nerve graft supplies to validate acquisition cost.</li> <li>• Provide clinical justification for the selected reconstruction technique, when applicable.</li> <li>• Ensure coding reflects Act 561-required benefits accurately (e.g., CPT, HCPCS, and revenue codes).</li> </ul>	Yes – See table below for revised Outpatient Hospital and Ambulatory Surgical Center fee schedule allowances.	7/15/2026	<a href="https://secure.arkansasbluecross.com/providers/paymentpolicy_search.aspx">https://secure.arkansasbluecross.com/providers/paymentpolicy_search.aspx</a>

\* See table below for revised Outpatient Hospital and Ambulatory Surgical Center fee schedule allowances.

**PROVIDER NOTIFICATION OF  
FEE SCHEDULE REVISION ASSOCIATED WITH PAYMENT POLICY CHANGE**

<b>CPT/HCPCS CODE</b>	<b>CODE DESCRIPTION</b>	<b>CODE CATEGORY</b>	<b>EFFECTIVE DATE</b>	<b>OUTPATIENT FEE SCHEDULE ALLOWANCE</b>	<b>ASC FEE SCHEDULE ALLOWANCE</b>
19316	Mastopexy	SURGERY	7/15/2026	BR	BR
19318	Breast reduction	SURGERY	7/15/2026	BR	BR
19325	Breast augmentation with implant	SURGERY	7/15/2026	BR	BR
19328	Removal of intact breast implant	SURGERY	7/15/2026	BR	BR
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	SURGERY	7/15/2026	BR	BR
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	SURGERY	7/15/2026	BR	BR
19342	Insertion or replacement of breast implant on separate day from mastectomy	SURGERY	7/15/2026	BR	BR
19350	Nipple/areola reconstruction	SURGERY	7/15/2026	BR	BR
19355	Correction of inverted nipples	SURGERY	7/15/2026	BR	BR
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	SURGERY	7/15/2026	BR	BR
19361	Breast reconstruction; with latissimus dorsi flap	SURGERY	7/15/2026	BR	BR
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	SURGERY	7/15/2026	BR	BR
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	SURGERY	7/15/2026	BR	BR
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	SURGERY	7/15/2026	BR	BR
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	SURGERY	7/15/2026	BR	BR
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	SURGERY	7/15/2026	BR	BR
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	SURGERY	7/15/2026	BR	BR
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)	SURGERY	7/15/2026	BR	BR
19396	Preparation of moulage for custom breast implant	SURGERY	7/15/2026	BR	BR
11970	Replacement of tissue expander with permanent implant	SURGERY	7/15/2026	BR	BR
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	SURGERY	7/15/2026	BR	BR
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	SURGERY	7/15/2026	BR	BR

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)	SURGERY	7/15/2026	BR	BR
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	SURGERY	7/15/2026	BR	BR
L8600	Implantable breast prosthesis, silicone or equal	OTHER SERVICES	7/15/2026	\$0.00	NA
L8699	Prosthetic implant, not otherwise specified	OTHER SERVICES	7/15/2026	\$0.00	NA
Q4116	Alloderm, per square centimeter (add-on, list separately in addition to primary procedure)	OTHER SERVICES	7/15/2026	\$0.00	NA
C9399	Unclassified drugs or biologicals	OTHER SERVICES	7/15/2026	\$0.00	NA
C1762	Connective tissue, human (includes fascia lata)	OTHER SERVICES	7/15/2026	\$0.00	NA
C1763	Connective tissue, non human (includes synthetic)	OTHER SERVICES	7/15/2026	\$0.00	NA
C1781	Mesh (implantable)	OTHER SERVICES	7/15/2026	\$0.00	NA
C1889	Implantable/insertable device, not otherwise classified	OTHER SERVICES	7/15/2026	\$0.00	NA