

## **Provider Checklist-Outpatient – Breast Reconstruction**

**CPT Code:** 19324, 19325

Indicate the reason/condition and related symptoms for the requested Breast Reconstruction **INCLUDING the following where applicable:**

For reconstruction post mastectomy at time of mastectomy **OR** post mastectomy with clear margins by pathology;

For reconstruction post partial mastectomy/lumpectomy at time of partial mastectomy/lumpectomy **OR**  
post partial mastectomy/lumpectomy **WITH** clear margins by pathology AND adjuvant Rx completed; **OR**

For reconstruction of contralateral breast post mastectomy