



AUGUST 2021

KMAP GENERAL BULLETIN 21154

Breast Reduction Coverage Codes

Effective with dates of service on and after September 1, 2021, the following breast reduction service HCPCS codes will be covered:

19318	19370	19371
-------	-------	-------

Note: The effective date of the policy is September 1, 2021. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP