

Subject:	NYS Medicaid Breast Cancer Selective Program		
Policy Number:	PO-RE-168v1		
Effective Date:	04/01/2026	Last Approval Date:	05/05/2026

I. Policy Description

This reimbursement policy outlines Healthfirst requirements for provider eligibility and claim reimbursement under the New York State (NYS) Medicaid Breast Cancer Selective Program. The program is designed to ensure that breast cancer surgeries are performed at designated, high-quality facilities that meet NYS Department of Health standards.

Healthfirst aligns with NYS Medicaid guidelines requiring that breast cancer surgical procedures be performed at approved (contracted) facilities. Providers must also be appropriately credentialed and privileged at these facilities to be eligible for reimbursement.

This policy applies only when a qualifying breast cancer diagnosis is present and linked to an applicable surgical procedure, as defined below.

The information below applies to the following lines of business:

• Medicaid Managed Care (MMC)	• Personal Wellness Plan (HARP)
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Definitions

- **Approved Facility:** A hospital or surgical center designated by NYS Medicaid as meeting Breast Cancer Selective Program requirements. [NYS Medicaid Unrestricted Facilities](#).
- **Restricted Facility:** A facility not approved under the NYS Breast Cancer Selective Program. [NYS Medicaid Restricted Facilities](#).

A. Authorization Requirements

1. Prior Authorization Requirement

- Prior authorization is required for all breast cancer surgical procedures under the NYS Medicaid Breast Cancer Selective Program.
- Authorization requests must be submitted in accordance with Healthfirst utilization management guidelines.

B. Diagnosis and Procedure Code Requirements

This policy applies only when there is a direct linkage between a qualifying diagnosis code and an applicable surgical procedure code.

1. Qualifying Diagnoses

- The ICD-10 diagnosis codes listed in [Appendix A](#) (including but not limited to malignant neoplasms of the breast [C50 series], carcinoma in situ [D05 series], and history of breast malignancy [Z85.3]) define the clinical conditions under which this policy applies.

2. Qualifying Procedures

- The CPT/HCPCS and ICD-10-PCS procedure codes listed in this policy represent breast surgical procedures subject to the NYS Medicaid Breast Cancer Selective Program.

3. Code Linkage Requirement

For this policy to apply, claims must include BOTH:

- A qualifying diagnosis code from [Appendix A](#), AND
- A corresponding qualifying procedure code listed in this policy

If the diagnosis code is not listed in [Appendix A](#) or does not indicate a malignant or qualifying breast condition, this policy does not apply, and claims will be processed under standard reimbursement guidelines.

C. Facility and Site of Service Requirements

1. Facility Requirements

- Breast cancer surgical procedures must be performed at NYS-approved facilities.
- Services rendered at restricted facilities are not eligible for reimbursement.

2. Accurate Location Requirement

- Providers must indicate the specific facility where the surgery will be performed at the time of authorization request.
- The facility listed on the authorization must match the facility where services are rendered.

3. Facility Validation at Authorization

- The requested facility must be an approved NYS Breast Cancer Selective Program facility.
- Authorization requests listing a restricted facility will be denied.

D. Reimbursement Guidelines

1. Facility Requirements
 - Breast cancer surgical procedures must be performed at NYS-approved facilities.
 - Services rendered at restricted facilities are not eligible for reimbursement.
2. Site of Service Validation
 - Healthfirst will validate the facility against NYS Breast Cancer Selective Program approved facility lists.
 - If the facility is identified as restricted, the claim will be denied regardless of medical necessity.
3. Claim Denials will be denied under the following circumstances:
 - Services performed at a restricted facility.
4. No Exceptions Policy
 - Exceptions are not permitted unless explicitly authorized by NYS Medicaid guidance.

E. Compliance with NYS Guidance

Healthfirst follows NYS Department of Health guidance regarding:

- Approved facilities under the Breast Cancer Selective Program
- Restricted facility restrictions

Providers are responsible for reviewing NYS resources to ensure compliance with current program requirements.

F. Provider Responsibilities

- Verify that the servicing facility is an approved Breast Cancer Selective Program facility prior to rendering services.
- Ensure accurate billing reflecting the correct site of service and provider credentials.

G. Adjudication and Appeal Process

1. Reimbursement for breast cancer surgical services under the NYS Selective Program will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.

4. This policy is a provider resource for understanding Healthfirst’s reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17, “Billing & Claims Processing”.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

The following CPT codes are subject to this policy when performed in an outpatient setting:

II. Applicable Codes (Outpatient Breast Surgery)

Code	Description	Comment
19120	Excision of cyst or other benign tumor	
19125	Excision of breast lesion	
19126	Excision of each additional breast lesion	
19301	Mastectomy, partial	
19302	Mastectomy, partial with axillary lymphadenectomy	
19303	Mastectomy, simple, complete	
19304	Mastectomy, subcutaneous	
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes	
19307	Mastectomy, modified radical, including axillary lymph nodes	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

NYS Medicaid - Unrestricted and Restricted Breast Cancer Surgery Facilities for Medicaid Recipients
NYS Medicaid - State Fiscal Year 2026-27 Unrestricted Facilities: Hospitals & Ambulatory Surgery Centers That Medicaid Will Pay for Breast Cancer Surgery
NYS Medicaid - State Fiscal Year 2026-27 Restricted Facilities: Hospitals & Ambulatory Surgery Centers That Medicaid Will Not Pay for Breast Cancer Surgery

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

APPENDIX A

The Medicaid breast cancer service exclusion, effective April 1, 2025, is based on the following ICD-10-CM and CPT codes:

ICD-10-CM Principal Diagnosis for Inpatient or Outpatient Surgery:

C50.011	Malignant neoplasm nipple and areola, right female breast
C50.012	Malignant neoplasm nipple and areola, left female breast
C50.019	Malignant neoplasm nipple and areola, unspecified female breast
C50.021	Malignant neoplasm nipple and areola, right male breast
C50.022	Malignant neoplasm nipple and areola, left male breast
C50.029	Malignant neoplasm nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast

- C50.811 Malignant neoplasm breast of overlapping sites of right female breast
- C50.812 Malignant neoplasm breast of overlapping sites of left female breast
- C50.819 Malignant neoplasm breast of overlapping sites of unspecified female breast
- C50.821 Malignant neoplasm breast of overlapping sites of right male breast
- C50.822 Malignant neoplasm breast of overlapping sites of left male breast
- C50.829 Malignant neoplasm breast of overlapping sites of unspecified male breast
- C50.911 Malignant neoplasm breast of unspecified site of right female breast
- C50.912 Malignant neoplasm breast of unspecified site of left female breast
- C50.919 Malignant neoplasm breast of unspecified site of unspecified female breast
- C50.921 Malignant neoplasm breast of unspecified site of right male breast
- C50.922 Malignant neoplasm breast of unspecified site of left male breast
- C50.929 Malignant neoplasm breast of unspecified site of unspecified male breast
- D05.00 Lobular carcinoma in situ of unspecified breast
- D05.01 Lobular carcinoma in situ of right breast
- D05.02 Lobular carcinoma in situ of left breast
- D05.10 Intraductal carcinoma in situ of unspecified breast
- D05.11 Intraductal carcinoma in situ of right breast
- D05.12 Intraductal carcinoma in situ of left breast
- D05.80 Other specified type of carcinoma in situ of unspecified breast
- D05.81 Other specified type of carcinoma in situ of right breast
- D05.82 Other specified type of carcinoma in situ of left breast
- D05.90 Unspecified type of carcinoma in situ of unspecified breast
- D05.91 Unspecified type of carcinoma in situ of unspecified breast
- D05.92 Unspecified type of carcinoma in situ of unspecified breast
- Z85.3 HX of breast malignancy (Personal history of malignant neoplasm of breast)

ICD-10-PCS Procedure for Inpatient Surgery:

- 0HBT0ZZ Excision of Right Breast, Open Approach
- 0HBT3ZZ Excision of Right Breast, Percutaneous Approach
- 0HBT7ZZ Excision of Right Breast, Via Natural or Artificial Opening
- 0HBT8ZZ Excision of Right Breast, Via Natural or Artificial Opening Endoscopic
- 0HBTXZZ Excision of Right Breast, External Approach
- 0HBU0ZZ Excision of Left Breast, Open Approach
- 0HBU3ZZ Excision of Left Breast, Percutaneous Approach
- 0HBU7ZZ Excision of Left Breast, Via Natural or Artificial Opening
- 0HBU8ZZ Excision of Left Breast, Via Natural or Artificial Opening Endoscopic
- 0HBUXZZ Excision of Left Breast, External Approach
- 0HBV0ZZ Excision of Bilateral Breast, Open Approach
- 0HBV3ZZ Excision of Bilateral Breast, Percutaneous Approach
- 0HBV7ZZ Excision of Bilateral Breast, Via Natural or Artificial Opening
- 0HBV8ZZ Excision of Bilateral Breast, Via Natural or Artificial Opening Endoscopic
- 0HBVXZZ Excision of Bilateral Breast, External Approach
- 0HTT0ZZ Resection of Right Breast, Open Approach
- 0HTU0ZZ Resection of Left Breast, Open Approach
- 0HTV0ZZ Resection of Bilateral Breast, Open Approach
- 07T50ZZ Resection of Right Axillary Lymphatic, Open Approach

07T60ZZ Resection of Left Axillary Lymphatic, Open Approach
07T70ZZ Resection of Thorax Lymphatic, Open Approach
0KTH0ZZ Resection of Right Thorax Muscle, Open Approach
0KTJ0ZZ Resection of Left Thorax Muscle, Open Approach
07T80ZZ Resection of Right Internal Mammary Lymphatic, Open Approach
07T90ZZ Resection of Left Internal Mammary Lymphatic, Open Approach

CPT Procedure for Outpatient Surgery:

19120 Excision of cyst or other benign tumor
19125 Excision of breast lesion
19126 Excision of each additional breast lesion
19301 Mastectomy, partial
19302 Mastectomy, partial with axillary lymphadenectomy
19303 Mastectomy, simple, complete
19304 Mastectomy, subcutaneous
19305 Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306 Mastectomy, radical, including pectoral muscles, axillary and internal
mammary lymph nodes
19307 Mastectomy, modified radical, including axillary lymph nodes