



## **Coding Clarification: Reporting Breast Augmentation with Implant (19325)**

### **CPT® Assistant.**

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In the CPT 2025 code set, code 19325 represents a surgical procedure in which a silicone- or saline-filled breast implant is placed underneath the native breast gland to increase breast volume. Although frequently performed as an elective aesthetic procedure, breast augmentation with an implant is also performed as a symmetry procedure for patients with contralateral breast cancer or congenital anomalies of breast development. This coding clarification provides an overview of the intent and appropriate reporting of code 19325.

### **Repair and/or Reconstruction**

**19325** Breast augmentation with implant

(For fat grafting performed in conjunction with 19325, see 15771, 15772)

Breast implants are filled with either silicone gel or saline; however, there is no distinction in coding based on the type of implant. Code 19325 is reported for the placement of a breast implant, regardless of the incisional approach (eg, peri-areolar, axillary, inframammary fold, or transumbilical techniques), and includes the work of developing a sub-glandular, subfascial, and/or submuscular (pectoralis major/serratus) pocket; temporary implant sizing; minor soft tissue revisions; and incision closure. Code 19325 should not be reported for radiation markers or artificial space fillers. A parenthetical note following code 19325 provides instruction to report autologous fat grafting (15771, 15772) separately.

Three other codes that represent procedures related to breast augmentation are codes 11970, Replacement of a tissue expander with permanent implant,

19340, Insertion of breast implant on same day of mastectomy [ie, immediate], and 19342, Insertion or replacement of breast implant on separate day from mastectomy. These codes can be reported when placing a breast implant, but in different clinical situations than when a native breast is present. Code 19325 is reported when a native breast is present, and the implant is placed under the glandular tissue. Codes 19340 and 19342 are reported when the patient has had a previous mastectomy and does not have overlying breast parenchyma (although some patients will have their native overlying mastectomy skin and/or nipple following removal of the breast tissue) and has a breast implant. Code 11970 is reported when a previously placed tissue expander is removed and replaced with a breast implant, which typically occurs when a patient undergoes post-mastectomy breast reconstruction or has congenital breast-development anomalies. In short, the presence of native breast glandular tissue is the key distinction when deciding if code 19325 or one of the other three codes (11970, 19340, 19342) should be reported.

Code 19325 is reported for the initial insertion of an implant (ie, no prior implant) and the replacement of an existing implant in cases of breast augmentation. For patients who have had a previous breast augmentation and are undergoing an implant exchange procedure, the removal of the intact, previously placed implant is considered integral to the procedure and would therefore not be reported separately. However, if a ruptured implant requires removal, it would be appropriate to also report code 19330, Removal of ruptured breast implant, including implant contents [eg, saline, silicone gel], for the additional work. If code 19325 were to be reported when a patient has had a previous augmentation, it would be reported for placement of new implant if the implant size, shape, or type has changed, but also if the new implant has the same size, shape, or type as the existing implant.

A breast implant capsule is a layer of scar tissue that forms around the implant, resulting in a pocket that contains the implant. The development of a capsule can be pathologically normal, but it can also have clinical implications as it changes over time or pathologic changes due to increased scarring or calcifications. This peri-implant capsule can be surgically altered to reshape the breast implant pocket or to address negative clinical implications. Code 19325 includes the work of minor revisions to the peri-implant capsule, including incision (eg, capsulotomy) and capsule repair to access the breast implant with limited scoring/alternations to the capsule to improve the shape. If a more extensive breast implant capsule revision is performed, report code 19370, Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy. Note that specific instructions for reporting code 11970, 19340, or 19342 with code 19370 are provided in the repair and/or reconstruction guidelines in the code set. The guidelines for reporting code 19325 in conjunction with code 19370 for the same breast are outlined in the September 2022 issue of CPT Assistant.

If extensive capsule work is performed, and either the previous implant or a new implant of the same size and shape as the previous implant is placed, the surgeon would only report code 19370 because the removal and replacement of an implant is essential to any capsule revision. However, if a differently sized, shaped, or type of implant is also placed as part of the same extensive capsule revision procedure, it would be

appropriate to report code 19325 in conjunction with code 19370 because of the increased work of resizing the breast implant.

If a complete capsulectomy is performed to remove/ablate all of the previous capsule, it would be appropriate to report code 19371, Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents. If a new breast implant is placed after a complete capsulectomy, report code 19325, regardless of whether the implant is the same or different than the previous implant. Code 19325 includes any work necessary to redefine the pocket for placement, including the transition of planes (subglandular, subfascial, submuscular) if performed.

Code 19325 also includes minor revisions to the skin when performed. For patients who receive a breast augmentation, the only typical soft tissue revisions performed are repositioning the native nipple-areolar complex and/or breast parenchyma. Code 19316, Mastopexy, is reported for a mastopexy, which involves elevating the native breast with nipple-areolar repositioning and tightening the skin envelope. For a limited crescentic superior peri-areolar mastopexy in which only a small amount of skin above the areola is excised and the defect is closed to slightly elevate the nipple-areola complex, it would be appropriate to report code 19325. However, a more significant mastopexy (eg, an extended peri-areolar mastopexy or the inclusion of vertical and/or inframammary components [AKA a Wise-pattern]) would be separately reported with code 19316 in addition to code 19325. Unlike codes 11970, 19340, and 19342, which may be reported with code 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), it would not be appropriate to report code 19325 in conjunction with 19380 because the augmented breast is not “reconstructed” in the same way it would be in a post-mastectomy breast reconstruction.