

Prophylactic Mastectomy

Policy Number: PG0251
Last Review: 09/01/2023

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☐ Facility

DESCRIPTION:

Prophylactic Mastectomy is the surgical removal of one or both breasts, in the absence of malignant disease, to reduce the risk of breast cancer in women who are at high risk for the disease. Two types of risk-reducing mastectomies can be performed:

1. total (also referred to as simple) mastectomy, in which the intent is to remove the entire breast and nipple areolar complex
2. subcutaneous mastectomy, where the nipple areolar complex is left intact for a more natural appearance.

Subcutaneous mastectomy (removal of the breast leaving the nipple areola complex intact) is not recommended as an oncology procedure because it leaves approximately 10-20% of the breast tissue under the areola. A total mastectomy is generally preferred over a subcutaneous mastectomy because there is less residual breast tissue. Reconstruction may occur immediately or be delayed. The lymph nodes are left intact since the surgery is not removing cancer.

It is strongly recommended that all candidates for prophylactic mastectomy undergo counseling regarding cancer risks from a health professional skilled in assessing cancer risk. Cancer risk should be assessed by performing a complete family history and discussion of the various treatment options, including increased surveillance or chemoprevention with tamoxifen or raloxifene.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Prophylactic Mastectomy requires prior authorization**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Prophylactic mastectomy may be considered medically necessary when ONE or more of the following high-risk factors are present:

- Individuals who are at increased risk for specific mutation(s) due to ethnic background (for instance: Ashkenazi Jewish descent) and who have one or more relatives with breast cancer or epithelial ovarian cancer at any age; or
- Those with a strong family history of breast cancer such as:
 - A family history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (family cancer syndrome);

- Two or more first-degree relatives with breast cancer or ovarian cancer; or
- One first-degree relative and two or more second-degree or third-degree relatives with breast cancer; or
- One first-degree relative with breast cancer before the age of 45 years and one other relative with breast cancer; or
- One first-degree relative with breast cancer and one or more relatives with ovarian cancer; or
- Two second-degree or third-degree relatives with breast cancer and one or more with ovarian cancer; or
- One second-degree or third-degree relative with breast cancer and two or more with ovarian cancer; or
- Three or more second-degree or third-degree relatives with breast cancer; or
- One first-degree relative with bilateral breast cancer; and
- The individual's risk of breast cancer is elevated on a validated assessment tool such as the Breast Cancer Risk Calculator, Gail Model, or Tyrer-Cuzick Risk Calculator; and
- The individual has undergone counseling from an appropriate provider such as gynecologist, breast surgeon or genetic counselor to quantitate their risk; or
- Individual has tested positive for BRCA1, BRCA2, TP53, PTEN, PALB2, CDH1, STK11 gene mutations; or another gene variant associated with high risk; or
- High-risk histology: Atypical ductal or lobular hyperplasia, or lobular carcinoma in situ confirmed on biopsy; or Individuals with such extensive mammographic abnormalities (e.g., calcifications), cystic/dense breast tissue) that adequate biopsy is impossible; or
- Individuals with a personal history of breast cancer making it more likely to develop a new cancer in the opposite breast; or
- Individuals who received radiation therapy to the thoracic region before the age of 30 (e.g., radiation to treat Hodgkin's disease); or
- Those who do not meet the definition of high risk, but nonetheless are considered at moderately increased risk based on family history with or without breast lesions along with any one of these risk factors may be indicative of moderate risk, including, but not limited to:
 - atypical hyperplasia
 - breast cancer diagnosed in the opposite breast

Mastectomy of the contralateral breast may be considered medically necessary when ONE or more of the following situations exists:

- For risk reduction in individuals at high risk for a contralateral breast cancer as stated above; or
- For individuals in whom subsequent surveillance of the contralateral breast would be difficult such as for:
 - Dense breast tissue as shown clinically or mammographically; or
 - Diffuse and/or indeterminate calcifications; or
- For improved symmetry in individuals undergoing mastectomy with reconstruction for the index cancer who:
 - Have a large and/or ptotic contralateral breast; or
 - Disproportionately sized contralateral breast.
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Prophylactic mastectomies are typically bilateral but can also describe a unilateral mastectomy in a patient who has previously undergone a mastectomy involving the opposite breast for an invasive cancer or in a patient undergoing a mastectomy of the opposite breast for a primary malignancy. If the patient is considered high-risk in either breast, then a bilateral mastectomy is usually performed.

Prophylactic mastectomy for any other reason is considered not medically necessary.

Coverage for reconstructive breast surgery is provided for individuals undergoing covered prophylactic mastectomies.

A skin-sparing mastectomy is considered an acceptable alternative method of performing a medically necessary prophylactic mastectomy where there is no cancer involving the skin.

A nipple-sparing mastectomy is considered an acceptable alternative of performing a medically necessary prophylactic mastectomy where there is no cancer involving the nipple-areola complex.

Performance of a prophylactic mastectomy as a two-stage procedure, with an oncoplastic breast reduction followed by a prophylactic mastectomy and breast reconstruction, is considered an equally acceptable alternative to a single stage prophylactic mastectomy for women with large breasts who meet medical necessity criteria for a prophylactic mastectomy as indicated above.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
There is no specific CPT or HCPCS codes to report prophylactic mastectomy.	
19303	Simple complete mastectomy
19304	Subcutaneous mastectomy
ICD-10-CM CODE	
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 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
D5.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
E71.440	Ruvalcaba-Myhre-Smith syndrome
R92.1	Mammographic calcification found on diagnostic imaging of breast
R92.8	Other abnormal and inconclusive findings on diagnostic imaging of breast
Z15.01	Genetic susceptibility to malignant neoplasm breast
Z40.01	Encounter for prophylactic removal of breast
Z80.3	Family history of malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm of breast
Z92.3	Personal history of irradiation

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 08/15/2009

Date	Explanation & Changes
02/01/2011	<ul style="list-style-type: none"> Updated
12/10/2013	<ul style="list-style-type: none"> Changed title of policy from Mastectomy Procedures to Prophylactic Mastectomy Deleted ICD-9 procedure codes. ICD-10 Code added from ICD-9 conversion Policy reviewed and updated to reflect most current clinical evidence Approved by Medical Policy Steering Committee as revised
03/03/2016	<ul style="list-style-type: none"> Verbiage change per Medical Director and Tamoxifen prior authorization removed from policy
12/18/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
02/16/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
09/01/2023	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence Removed procedure codes 19301, 19302, 19305, 19306 and 19307 Added diagnosis codes D05.00-D05.91, E71.440, R92.1, R92.8, Z15.01, Z80.3, Z85.3 and Z92.3, r/t to high-risk, for reference
03/06/2024	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review