

Prophylactic Mastectomy

Date of Origin: 01/07/2020

Last Review Date: 1/22/2020

Effective Date: 5/10/2020

Dates Reviewed: 01/2020

Developed By: Medical Necessity Criteria Committee

I. Description

Prophylactic mastectomy, also called Risk Reduction Mastectomy (RRM) is surgery to remove one or both breasts to reduce the risk of developing breast cancer. According to the National Cancer Institute, prophylactic mastectomy in women who carry a BRCA1 or BRCA2 gene mutation may be able to reduce the risk of developing breast cancer by 95%. In women with a strong family history of breast cancer, prophylactic mastectomy can reduce the risk of breast cancer development by up to 90%.

II. Criteria: CWQI HCS

- A. Moda Health considers prophylactic mastectomy medically necessary for reduction of risk of breast cancer for **women** when ALL of the following requirements are met:
 - a. Member is at high risk to develop breast cancer based on at least one of the following:
 - i. Member has a genetic mutation in the BRCA1, BRCA2, TP53, PTEN, CDH1, or STK11 genes
 - ii. Member received radiation treatment to the chest before age 30
 - iii. Member diagnosed with breast cancer at 45 years of age or younger
 - iv. Member's ethnic background increases risk of specific mutations (e.g. Ashkenazi Jewish) and 1 or more blood relative with breast cancer or epithelial ovarian cancer at any age
 - v. Member with a 1st or 2nd degree male blood relative with breast cancer
 - vi. Member with a 1st or 2nd degree blood relative with multiple primary or bilateral breast cancers
 - vii. Member with multiple primary or bilateral breast cancers
 - viii. Member with 1 or more cases of epithelial ovarian cancer and 1 or more 1st or 2nd degree blood relatives on the same side of the family with breast cancer
 - ix. Member with 3 or more 1st or 2nd degree blood relatives with breast cancer on the same side of the family
 - x. Member with atypical hyperplasia of lobular or ductal origin and/or lobular carcinoma in situ (LCIS) confirmed on biopsy with dense, fibronodular breasts that are mammographically or clinically difficult to evaluate
 - b. Member does not wish to pursue alternative approaches such as chemoprophylaxis and/or close observation
 - c. Member has at least a 10 year life expectancy
- B. Moda Health considers prophylactic removal of contralateral breast tissue medically necessary in **men** with breast cancer

- C. Moda Health considers prophylactic mastectomy experimental and investigational for men with BRCA mutations or family history of breast cancer because there is no clinical data for clinical value of this approach and there are no guidelines on this situation

III. Information Submitted with the Prior Authorization Request:

- 1. Documentation of medical necessity that includes chart notes, surgical treatment plan and any other supporting documentation

IV. CPT or HCPC codes covered:

Codes	Description
19301	Mastectomy, Partial (Lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19302	Mastectomy, Partial (Lumpectomy, tylectomy, quadrantectomy, segmentectomy), with axillary lymphadenectomy
19303	Mastectomy, Simple, Complete
19305	Mastectomy, Radical, including pectoral muscles, axillary lymph nodes
19306	Mastectomy, Radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307	Mastectomy, Modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

V. CPT or HCPC codes NOT covered:

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
1/7/2020	New criteria	5/10/2020

VII. References

1. Breastcancer.org; https://www.breastcancer.org/treatment/surgery/prophylactic_mast
2. Lopez MJ, Porter KA. The current role of prophylactic mastectomy. Surg Clin North Am. 1996;76(2):231-242.
3. Giordano SH, Buzdar AU, Hortobagyi G. Breast cancer in men. Ann Intern Med. 2002;137(8):678-687. LeBlond RF. Carcinoma of the male breast [letter]. Ann Intern Med. 1993;118(9):749.
4. Wolpert N, Warner E, Seminsky MF, et al. Prevalence of BRCA1 and BRCA2 mutations in male breast cancer patients in Canada. Clin Breast Cancer. 2000;1(1):57-65.

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC