Payment Policy | Risk Reducing Mastectomy

EFFECTIVE DATE: 02|01|2026
POLICY LAST REVIEWED: 10|15|2025

OVERVIEW
Risk-reducing mastectomy is defined as the removal of the breast in the absence of malignant disease to reduce the risk of breast cancer occurrence.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Risk reducing mastectomy is a covered service.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable surgery benefits/coverage.

BACKGROUND
Risk-reducing mastectomy may be considered in women thought to be at high-risk of developing breast cancer, either due to family history, presence of genetic variants (eg, BRCA1, BRCA2), having received radiotherapy to the chest, or the presence of lesions associated with an increased cancer risk such as lobular carcinoma in situ. Therefore, bilateral risk-reducing mastectomy may be performed to eliminate the risk of cancer arising elsewhere; chemoprevention and close surveillance are alternative risk-reduction strategies. Risk-reducing mastectomies are typically bilateral but can also describe a unilateral mastectomy in a patient who has previously undergone or is currently undergoing a mastectomy in the opposite breast for invasive cancer (ie, contralateral risk-reducing mastectomy). Use of contralateral risk-reducing mastectomy has increased in the U.S. An analysis of data from the National Cancer Database found that the rate of contralateral risk-reducing mastectomy in women diagnosed with unilateral stage I, II, or III breast cancer increased from approximately 4% in 1998 to 9.4% in 2002. Another analysis of data from the National Cancer Database (N=765,487) found that individuals with unilateral stage I breast cancer commonly underwent contralateral risk-reducing mastectomy, with an increase between 2006 (6%) and 2016 (9%).

The appropriateness of a risk-reducing mastectomy is a complicated risk-benefit analysis that requires estimates of a patient's risk of breast cancer, typically based on the patient's family history of breast cancer and other factors. Several models are available to assess risk of breast cancer. The specific risk factors included in the models vary, but all incorporate characteristics related to age, reproductive history, and family history. In addition to the patient's risk assessment, the choice of a risk-reducing mastectomy is based on patient tolerance for risk, consideration of changes to appearance and need for additional cosmetic surgery, and the risk-reduction offered by mastectomy versus other options.

It is strongly recommended that all candidates for risk-reducing mastectomy undergo counseling regarding cancer risks from a health professional skilled other than the operating surgeon to assess cancer risk and to discuss various treatment options, including increased surveillance or chemoprevention.

There is no standardized method for determining a woman's risk of breast cancer that incorporates all possible risk factors. There are validated risk prediction models, but they are based primarily on family history.

Some known individual risk factors confer a high risk by themselves. The following list includes factors known to indicate a high risk of breast cancer:

- lobular carcinoma in situ,
- a known *BRCA1* or *BRCA2* variant,
- another gene variant associated with increased risk, eg, *TP53* (Li-Fraumeni syndrome), *PTEN* (Cowden syndrome, Bannayan-Riley-Ruvalcaba syndrome), *CDH1*, and *STK11,* and *PALB2* or
- received radiotherapy to the chest before 30 years of age.

A number of other factors may increase the risk of breast cancer but do not by themselves indicate high risk (generally considered to be a lifetime risk of ≥20%). It is possible that combinations of these factors may be indicative of high risk, but it is not possible to give quantitative estimates of risk. As a result, it may be necessary to individualize the estimate of risk by taking into account numerous risk factors. A number of risk factors, not individually indicating high risk, are included in the National Cancer Institute Breast Cancer Risk Assessment Tool, also called the Gail model.

Another breast cancer risk assessment tool, used in the Women Informed to Screen Depending on Measures of Risk trial, is the Breast Cancer Surveillance Consortium (BCSC) Risk Calculator (https://tools.bcsc-scc.ucdavis.edu/BC5yearRisk/#/). The following information is used in that assessment tool:

- History of breast cancer, ductal carcinoma in situ, breast augmentation, or mastectomy
- Age/Race/ethnicity
- Number of first-degree relatives (mother, sister, or daughter) diagnosed with breast cancer
- Prior breast biopsies (positive or negative)
- Breast Imaging Reporting and Data System (BI-RADS) breast density (radiologic assessment of breast tissue density by radiologists who interpret mammograms)
- Menopausal status;
- Body mass index (BMI);
- Maternal age at first birth.

CODING

Medicare Advantage Plans and Commercial Products

The following code(s) are covered for Medicare Advantage Plans and Commercial Products:

19303 Mastectomy, simple, complete

RELATED POLICIES

Gender Affirming Care

Mastectomy Treatment, Breast Reconstruction and Hospital Stays Mandates

PUBLISHED

Provider Update, December 2025
Provider Update, November 2024
Provider Update, October 2023
Provider Update, July 2022
Provider Update, May 2021

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