

Medical Coverage Policies

[Printer-Friendly Page](#)

Prophylactic Mastectomy

EFFECTIVE DATE	03/18/2008	LAST UPDATED	03/18/2008
-----------------------	------------	---------------------	------------

Description:

Prophylactic mastectomy is defined as the removal of the breast in the absence of malignant disease. This may pertain to the bilateral removal of breasts in an individual without malignant disease or the contralateral removal of a breast in a patient with a history of mastectomy in the opposite breast for an invasive cancer.

Prophylactic mastectomies may be contemplated in women considered at high risk of developing breast cancer, either due to a family history, presence of a BRCA1 or BRCA 2 mutation or the presence of lesions associated with an increased cancer risk. Such lesions include atypical hyperplasia and lobular carcinoma in situ (LCIS). Although LCIS is not a cancer and is thought not to have an invasive potential, patients with LCIS are at increased risk for developing an invasive breast cancer elsewhere in either breast. Two types of prophylactic mastectomy may be performed; either total (simple) mastectomy where the intent is to remove the entire breast and the nipple areolar complex, or subcutaneous mastectomy, where the nipple areolar complex is left intact. There is breast tissue left behind in a subcutaneous mastectomy and there may be residual tissue left behind in the axillary tail and skin flaps in a total mastectomy. From a prophylactic viewpoint, total mastectomy is preferred as it leaves less residual breast tissue.

Assessment of the appropriateness of a prophylactic mastectomy is a complicated risk-benefit analysis that requires estimate of patient risk of breast cancer. Several models exist to gauge this risk. The Gail model involves five risk factors: age at evaluation, age at menarche, age at first live birth, number of breast biopsies, and number of first-degree relatives with breast cancer.

Prophylactic mastectomy is covered for patients with lobular carcinoma in situ (LCIS) and in patients at high or moderately increased risk of breast cancer.

High risk may be defined as one or more of the following:

- Two or more first-degree relatives with breast cancer
- One first-degree relative and two or more second- or third- degree relatives with breast cancer
- One first-degree relative with breast cancer and one or more relatives with ovarian cancer
- Two second-degree or third-degree relatives with breast cancer and one or more relatives with ovarian cancer
- One second- or third-degree relative with breast cancer and two or more relatives with ovarian cancer
- Three or more second- or third-degree relatives with breast cancer
- One first-degree relative with bilateral breast cancer
- Presence of BRCA1 or BRCA2 mutation in the patient consistent with a BRCA1 or 2 mutation in a family member with breast or ovarian cancer
- Maternal or paternal family history of breast cancer consistent with autosomal dominant inheritance (Cowden's disease, Li-Fraumeni syndrome, SBLA syndrome, ovarian/breast cancer syndrome)

Moderate risk may be identified as follows:

1. Those patients who do not meet high risk definition but none the less are considered at moderately increased risk based on:
 - Family history (e.g., an affected first-degree relative or variable numbers of affected second- and third-degree relatives) either with or without breast lesions associated with an increased risk (e.g., atypical hyperplasia)
 - Breast cancer diagnosed in the opposite breast.
2. Patients with such extensive mammographic abnormalities (e.g. calcifications) that adequate biopsy is impossible.

Medical Criteria:

Not applicable.

Policy:

Prophylactic mastectomy is covered. No preauthorization is required.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable surgery benefits/coverage.

Coding:

19180

19182

Published:

Policy Update, July 2006

Provider Update, May 2008

References:

BlueCross BlueShield Association. Medical Policy Reference Manual. (2:2003). *Prophylactic mastectomy* (7.01.09). Retrieved October 13, 2005 from BlueWeb.

Eisen, A., & Weber, B. L. (1999). Prophylactic mastectomy - the price of fear. *New England Journal of Medicine*, 340 (2), 137-138.

Eisen, A., & Weber, B. L. (2001). Prophylactic mastectomy for women with BRCA1 and BRCA2 mutations - facts and controversy. *New England Journal of Medicine*, 345 (3), 207-208.

Hartmann, L. C., Schaid, D. J., Woods, J. E., Thomas, P. C., Myers, J. L., Arnold, P. G., et al. (1999). Efficacy of bilateral prophylactic mastectomy in women with a family history of breast cancer. *New England Journal of Medicine*, 340 (2), 77-84.

Meijers-Heijboer, H., van Geel, B., van Putten, W., Henzen-Logmans, S. C., Seynaeve, C., Menke-Pluymers, M. B. E., et al. (2001). Breast cancer after prophylactic bilateral mastectomy in women with BRCA 1 or BRCA 2 mutation. *New England Journal of Medicine*, 345 (3), 159-164.

The Technology Evaluation Center. (1999, August). "Bilateral prophylactic mastectomy in women with an increased risk of breast cancer (Vol. 14, No. 14). Chicago: BlueCross BlueShield Association.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)