

## Payment Policy | Prophylactic Mastectomy



**EFFECTIVE DATE:** 03/18/2008

**POLICY LAST UPDATED:** 03/18/2008

### OVERVIEW

This payment policy documents the coverage determination for Prophylactic Mastectomy. 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.

### PRIOR AUTHORIZATION

Prior authorization is not required.

### POLICY STATEMENT

#### Blue CHiP for Medicare and Commercial

Prophylactic mastectomy is a covered procedure.

### MEDICAL CRITERIA

Not Applicable

### BACKGROUND

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 for 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 typically 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:

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) **OR**
- Breast cancer diagnosed in the opposite breast. **OR**
- Patients with such extensive mammographic abnormalities (e.g. calcifications) that adequate biopsy is impossible.

**\*First degree** relatives include parents, siblings, and children of the individual. **Second degree** relatives include aunts/uncles, nieces/nephews, grandparents, and half-siblings. **Third degree** relatives are first cousins, great-grandparents, great-aunts, and great uncles.

#### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Surgery benefits/coverage.

#### **CODING**

**Blue CHiP for Medicare and Commercial**

19303          19304

#### **RELATED POLICIES**

None

#### **PUBLISHED**

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#### **REFERENCES**

None

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