Prophylactic Mastectomy

Introduction

Prophylactic mastectomy is surgery that removes one or both breasts. The goal of this surgery is to reduce the risk of developing breast cancer. This policy describes when prophylactic mastectomy may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic Mastectomy</td>
<td>Prophylactic mastectomy may be considered medically necessary for patients at high risk of breast cancer when the at least one of the following criteria is met:</td>
</tr>
<tr>
<td></td>
<td>• Personal history of breast cancer and one or more of the following:</td>
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<tr>
<td></td>
<td>o Diagnosed age ≤ 45 years</td>
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<tr>
<td>Procedure</td>
<td>Medical Necessity</td>
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<tr>
<td>o Two breast cancer primaries, when first breast cancer was diagnosed age ≤ 50 years</td>
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<tr>
<td>o Diagnosed age ≤ 50 years with one or more close blood relative with breast cancer at any age or with a limited family history</td>
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<tr>
<td>o Diagnosed age ≤ 60 years with a triple negative breast cancer</td>
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<tr>
<td>o Diagnosed at any age with one or more close blood relative breast cancer diagnosed ≤ 50 years</td>
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<tr>
<td>o Diagnosed at any age with two or more close blood relatives with breast cancer diagnosed any age</td>
<td></td>
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<tr>
<td>o Diagnosed at any age with one or more close blood relative with epithelial ovarian cancer</td>
<td></td>
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<tr>
<td>o Diagnosed at any age with two or more close blood relatives with pancreatic cancer or aggressive prostate cancer (Gleason score ≥7) at any age</td>
<td></td>
</tr>
<tr>
<td>o Close male blood relative with breast cancer</td>
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<tr>
<td>o Personal history of male breast cancer</td>
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<tr>
<td>o For an individual of an ethnicity associated with a higher mutation frequency (eg, Ashkenazi Jewish) no additional family history may be required</td>
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</tr>
<tr>
<td>• Personal history of epithelial ovarian, fallopian tube, or primary peritoneal cancer</td>
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<tr>
<td>• Personal history of pancreatic cancer or aggressive prostate cancer (Gleason score ≥7) at any age with ≥2 close blood relatives with breast and/or ovarian and/or pancreatic or aggressive prostate cancer (Gleason score ≥7) at any age</td>
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<tr>
<td>• Two or more first-degree relatives with breast cancer</td>
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<tr>
<td>• One first-degree relative and two or more second-or third-degree relatives with breast cancer</td>
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<tr>
<td>• One first-degree relative with breast cancer before the age of 45 years and another relative with breast cancer</td>
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<tr>
<td>• One first-degree relative with breast cancer and one or more relatives with ovarian cancer</td>
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<tr>
<td>• Two second- or third-degree relatives with breast cancer and one or more with ovarian cancer</td>
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</tr>
</tbody>
</table>
## Procedure

**Medical Necessity**

- One second- or third-degree relative with breast cancer and two or more with ovarian cancer
- Three or more second- or third-degree relatives with breast cancer
- One first-degree relative with bilateral breast cancer
- The presence of a BRCA1 or BRCA2 mutation (see Related Policies)
- The presence of a TP53 or PTEN mutation
- History of prior thoracic radiation therapy (such as for Hodgkin’s disease) <30 years of age
- Extensive mammographic abnormalities (eg, calcifications) exist such that adequate biopsy is impossible and strong concern about breast cancer risk
- Additional criteria for CPM includes at least one of the following:
  - Diagnosis of invasive ductal or lobular carcinoma
  - Ductal carcinoma in situ (DCIS) of intermediate or high grade or LCIS with features of pleomorphic lobular carcinoma

## Testing

**Blood or tissue samples from other non-covered family members occasionally are required to provide the medical information necessary for the proper medical care of a patient. Such testing for molecular-based testing for BRCA and other specific heritable disorders in non-members is considered medically necessary when all of the following conditions are met:**

- The information is needed to adequately assess risk in the patient
- The information will be used in the immediate care plan of the patient
- The non-covered family member’s benefit plan (if any) will not cover the test and the denial is based on specific plan exclusion

**Note:** See Related Information below for Limitations
**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
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<tr>
<td>19303</td>
<td>Mastectomy, simple, complete</td>
</tr>
</tbody>
</table>

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**Related Information**

**Limitations**

1. Genetic testing of a non-covered family member of a covered patient for the sole purpose of obtaining non-related genetic information is not covered.

2. Prophylactic mastectomy:
   - Subcutaneous prophylactic mastectomy is not recommended for coverage.
   - A board certified or board eligible surgeon with expertise in breast cancer must recommend the prophylactic mastectomy.
   - When the indication for prophylactic mastectomy is based on pathology, a board certified or board eligible pathologist must validate the report.

**Evidence Review**

**Background**

BreastCancer.org defines prophylactic mastectomy as a surgery that removes one or both breasts to reduce the risk of developing breast cancer. According to the National Cancer Institute, prophylactic mastectomy in high-risk women may be able to reduce the risk of developing breast cancer by 90%.
High-risk individuals may include:

- Family history of breast cancer, especially before age 50
- Tested positive for BRCA1, BRCA2, or PALB2 gene mutations
- Diagnosis of lobular carcinoma in situ (LCIS)
- Radiation therapy to the chest prior to age 30
- Widely spread breast microcalcifications and/or dense breasts

When prophylactic mastectomy is being considered, the National Comprehensive Cancer Network (NCCN) Guidelines note that the small benefits must be balanced with the risk of recurrent disease from the known breast cancer, the psychological and social issues associated with bilateral mastectomy, and the overall risks of contralateral mastectomy.

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Prophylactic mastectomy may be considered medically necessary for patients at high risk of breast cancer when the at least one of the criteria in this policy is met. Blood or tissue samples from other non-covered family molecular-based testing for BRCA and other specific heritable disorders in non-members is considered medically necessary when all conditions are met.</td>
</tr>
<tr>
<td>10/01/20</td>
<td>Annual Review, approved September 17, 2020. No changes to policy statement, references updated.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):
يكون هذا الإشعار معلومة هامة. قد يكون هذا الإشعار معلومات مهمه بخصوص طبيب أو
المعلقة التي ت従ت المحصول عليها من خلال Premera Blue Cross. قد تكون هناك تاربخ معلومة
في هذا الإشعار. ويتكون الرأس في تونيزم مبتدئة على تعمتيم الصحية أو المساعدة
في ذك المثال. يحتوي ذلك المحصول على هذه المعلومات، والمساعدات بما تكون دون كيد أي أصل
800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的
申請或保障的重要訊息。本通知內可能有重要日期。您可能需要在截止日期
之前採取行動，以保留您的健康保險或費用補貼。您有權利免費以您的母
語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):
Beeksinsky ku ondeeaffanno barnaachissa qaab. Beeksisti kun sagantaa
yooanka karaa Premera Blue Cross tiin tajajii lakeessan ilaachisse
ofandeeffanno barnaachisaa qabaachu danda'a. Guyyaawaaan mureetessaa
ta'aan beeksika kana keessaatti ilaalaa. Tariikaffaliidhaan deeggarammu
yooanka tajajii fayyaaa keessanifi guuuyaah dhuuma ah irratti waanta raawawatani
jiraachu danda'a. Kaffalsii irraa bilisa haalaa ta'eena afaan keessaninni
ofandeeffanno argachuu fi deeggarsa argachuu migna niga qabaatuu.
Lakkoofsa bibililiaa 800-722-1471 (TTY: 800-842-5357) ti bibililia.

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen
enfòmasyon enpòtan konpansyon aviyon yon lan oswa konpansyon kouveti
asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan
avi sila a. Ou ka gen pou pran kék akson ayon senen dat li mit pou ka
kenbe kouveti asirans sante w la oswa pou yo ka ede w avèk depans yo.
Se dwa w pou resewa enfòmasyon sa a ak asisants nan lang ou pale a,
san ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung
enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf
Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen
wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten
Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten
zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in

Hmoob (Hmong):
Tsaab ntawwj tshaj xo no muaj cov ntsiab lus tseem ceeb. Tej zaum ntaww tshaj xo no muaj cov ntsiab lus tseem ceeb baoj kaj dawt
thov kaj pev lao yoo kaj kaj kaj pev lao yoo kaj dawt, Premera Blue Cross Tej zaum muaj cov hnuh tseem ceeb saus rau hauv daim dawt
no. Tej zaum kaj yuav tau uaa qee yam peb kom kaj uaa tis pub
dhau cov caij nyoog uas teev rau hauv daim ntaww no mas kaj thaj
yuav tau bas tu pev lao yoo kaj kaj kaj pev lao yoo kaj dawt tej zaum ket
ntaww. Kaj muaj cai kom laww muab cov ntsiab lus no uas tau muab sau

Iloko (Ilocano):
Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar
mabalin nga adda ket naglaon iti napateg nga impormasion maianggep iti aplikasyonyo
wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pelsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramindeyu nga addang sakkay dagiti
partikular a naituding nga adda aldaw tapno mapatgalinayido ti coverage ti
salun-ayyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti
daytoy nga impormasion ken tulong iti bukodyo a pasagasao nga awan ti

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere
informazioni importanti sulla tua domanda o copertura attraverso Premera
Blue Cross. Potrebbero essere date chiave in questo avviso. Potrebbe
essere necessario un tuo intervento entro una scadenza determinata per
consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di
ottenere queste informazioni e assistenza nella tua lingua gratuitamente.
Chiama 800-722-1471 (TTY: 800-842-5357).
Premera Blue Cross

Japanese (Japanese):

この情報には重要な情報が含まれています。この情報を、Premera Blue Crossの申請または補償に関する重要な情報が含まれている場合があります。

この通知に記載されている可能性がある重要な日付をご確認ください。

健康保険や無料サポートを維持するには、特定の期限までに行動を取りなければならない場合があります。

日本語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

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본 통지서에는 중요한 정보가 들어 있습니다。즉 이 통지서는 귀하의 신청에

이르므로 Premera Blue Cross를 통한 커버리지를 위한 정보를

포함하고 있습니다。

본 통지서에는 빠트리 않은 별에 있는 것을 수

유환은 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기

위치에 필요한 의료를 제공할 수 있도록 하기 위해。

관여한 정보와 도움을 귀하의 안전을 위해 부당한 없을 수 있는

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Russian (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В этом уведомлении могут быть ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

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Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información o ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):


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ประกาศนี้มีข้อมูลที่สำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการประกันสุขภาพหรือประกันชีวิตของคุณ Premera Blue Cross และการให้บริการในภาษาของคุณ คุณควรตรวจสอบ


Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie prawa do obsadzenia Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utraty polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie prawo do bezpłatnej informacji w własnym języku. Zadzwoncie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir dados importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):