

# Prophylactic Mastectomy



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## Medical Coverage Policy

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## Related Medical/Pharmacy Coverage Policies

[Breast Reconstruction](#)  
[Genetic Testing for Breast, Ovarian and Pancreatic Cancer Susceptibility](#)  
[Genetic Testing for Hereditary Cancer](#)

## Description

Prophylactic mastectomy, also referred to as risk-reducing mastectomy (RRM), is the surgical removal of one or both breasts, at a time when there is no known breast cancer, in order to decrease future risk of developing breast cancer. The risk of breast cancer may be reduced by 90% or more by a prophylactic mastectomy.

Breast tissue extends from the clavicle (collarbone) to the lower ribs, sternum (breastbone) and the midaxillary line (center of the underarm). Therefore, even with a total mastectomy, it is not feasible to eliminate all breast tissue that may pose a future cancer risk. Most inherited cases of breast cancer are associated with *BRCA1* and *BRCA2* variants (mutations), although inherited mutations in other genes may also increase the level of risk for developing cancer at a young age. Most females with a *BRCA1* or *BRCA2* gene mutation will develop breast cancer at some point.<sup>1</sup> Even though it cannot be determined with certainty whether the procedure will benefit a particular individual, RRM may add years of longevity to the lifespan.

There are different types of mastectomies, each of which can be performed on one (single) or both (double) breasts.

**Contralateral mastectomy** is the removal of both the affected breast and the healthy breast in an individual diagnosed with unilateral (one-sided) breast cancer.

**Total or simple mastectomy** removes all of the breast tissue, including the nipple, the areola and the overlying skin, but does not dissect lymph nodes or remove chest muscle tissue beneath the breast. This procedure is considered the preferred option for preventive surgery in females at very high risk for breast cancer.

A **skin-sparing mastectomy (SSM)** involves the removal of breast tissue, the nipple and the areola, but leaves the majority of the breast skin intact for use during breast reconstruction. SSM is a type of subcutaneous mastectomy.

A **nipple sparing mastectomy (NSM)**, also a type of subcutaneous mastectomy, is performed much the same as the SSM but preserves the skin of the nipple and areola. Enough breast tissue may be left behind to require yearly screening mammograms.

## Coverage Determination

**Any state mandates for prophylactic mastectomy take precedence over this medical coverage policy.**

Humana members may be eligible under the Plan for **prophylactic mastectomy (including contralateral)** for the following indications:

- Ethnicity associated with higher mutation frequency (eg, individual of Ashkenazi Jewish descent) with one or more [first- second- or third-degree](#) relatives with breast, ovarian or pancreatic cancer at any age; **OR**
- History of radiation therapy to the chest prior to age 30; **OR**
- Known pathogenic or likely pathogenic variant in a breast cancer susceptibility gene (*BRCA1/BRCA2*, *CDH1*, *PALB2*, *PTEN*, *STK11*, *TP53*) proven by genetic testing; **OR**
- Personal history of multiple primary or bilateral breast cancer; **OR**
- Presence of 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; **OR**
- Documented family history\* indicating increased lifetime breast cancer risk, using a recognized [risk assessment tool](#)\*\*

\*Family history indicative of increased lifetime breast cancer risk generally includes but may not be limited to, having a [first-degree](#) relative with breast, ovarian or prostate cancer or one or more [first- or second-degree](#) relatives on the same side of the family with multiple types of primary cancer or multiple successive generations of family members with primary breast, fallopian tube, ovarian, pancreatic, peritoneal and/or prostate cancers.

\*\*The USPSTF recognizes the following risk stratification tools for use at the point of care (provider office) to assist in the determination of an individual's risk: 7-Question Family History Screening Tool, BRCAPRO, International Breast Cancer Intervention Study Instrument (Tyrer-Cuzick), Manchester Scoring System, Ontario Family History Assessment Tool, Pedigree Assessment Tool, Referral Screening Tool.<sup>19</sup>

### Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **prophylactic mastectomy** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
19303	Mastectomy, simple, complete	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

### References

1. American Cancer Society (ACS). Preventive surgery to reduce breast cancer risk. <https://www.cancer.org>. Updated December 16, 2021.

2. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin. Hereditary breast and ovarian cancer syndrome. <https://www.acog.org>. Published September 2017. Updated 2021.
3. American Society of Breast Surgeons (ASBrS). Performance and practice guidelines for mastectomy. <https://www.breastsurgeons.org>. Published November 25, 2014.
4. Boughey JC, Attai DJ, Chen SL, et al. Contralateral prophylactic mastectomy (CPM) consensus statement from the American Society of Breast Surgeons: data on CPM outcomes and risks. *Ann Surg Oncol*. 2016;23(10):3100-3105.
5. Breast Cancer Association Consortium. Breast cancer risk genes - association analysis in more than 113,000 women. *N Engl J Med*. 2021;384(5):428-439.
6. ECRI Institute. Genetic Test Hotline Response (ARCHIVED). Oophorectomy and mastectomy for preventing breast and ovarian cancer in BRCA1/2 genetic mutation carriers. <https://www.ecri.org>. Published May 14, 2015. Updated June 2016.
7. Hayes, Inc. Medical Technology Directory. Risk-reducing (prophylactic) mastectomy. <https://evidence.hayesinc.com>. Published December 9, 2013. Updated November 13, 2017.
8. Hu C, Hart SN, Gnanaolivu R, et al. A population-based study of genes previously implicated in breast cancer. *N Engl J Med*. 2021;384(5):440-451.
9. Hunt KK, Euhus DM, Boughey JC, et al. Society of Surgical Oncology Breast Disease Working Group statement on prophylactic (risk-reducing) mastectomy. *Ann Surg Oncol*. 2017;24(2):375-397.
10. MCG Health. Mastectomy, complete. 27<sup>th</sup> edition. <https://humana.access.mcg.com/index>.
11. National Cancer Institute (NCI). Breast cancer prevention (PDQ) – health professional version. <https://www.cancer.gov>. Updated January 19, 2024.
12. National Comprehensive Cancer Center Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Breast cancer risk reduction. <https://www.nccn.org>. Updated October 31, 2023.
13. National Comprehensive Cancer Center Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Genetic/familial high-risk assessment: breast, ovarian and pancreatic. <https://www.nccn.org>. Updated February 12, 2024.
14. National Society of Genetic Counselors (NSGC). Risk assessment and genetic counseling for hereditary breast and ovarian cancer syndromes—Practice resource of the National Society of Genetic Counselors. <https://www.nsgc.org>. April 2021.
15. Society of Surgical Oncology (SSO). Management of hereditary breast cancer: American Society of Clinical Oncology, American Society for Radiation Oncology, and Society of Surgical Oncology guideline. <https://www.surgonc.org>. Published 2020.

16. UpToDate, Inc. Cancer risks and management of BRCA1/2 carriers without cancer. <https://www.uptodate.com>. Updated January 29, 2024.
17. UpToDate, Inc. Contralateral prophylactic mastectomy. <https://www.uptodate.com>. Updated January 2024.
18. UpToDate, Inc. Mastectomy. <https://www.uptodate.com>. Updated January 2024.
19. US Preventive Services Task Force (USPSTF). Recommendation Statement. BRCA-related cancer: risk assessment, genetic counseling and genetic testing. <https://www.uspreventiveservicestaskforce.org>. Published August 2019. Updated November 2019.

Appendix

Family Relationships

Degree of Relationship	Definitions
First-degree	Child, full-sibling, parent
Second-degree	Aunt, uncle, grandparent, grandchild, niece, nephew, half-sibling
Third-degree	First cousin, great-aunt, great-uncle, great-grandchild, great-grandparent, half-aunt, half-uncle

Change Summary

- 03/28/2024 Annual Review, Coverage Change.