Prophylactic Mastectomy
Policy Number: PG0251
Last Review: 03/03/2016

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
_ Facility

DESCRIPTION
Prophylactic Mastectomy is the surgical removal of one or both breasts to reduce the risk of breast cancer in women who are at high risk for the disease. Total or Simple Mastectomy (removal of the entire breast with the nipple areola complex) is the procedure of choice. Subcutaneous mastectomy (removal of the breast leaving the nipple areola complex intact) is not recommended as an oncology procedure because it leaves approximately 10-20% of the breast tissue under the areola. Reconstruction may occur immediately or be delayed. The lymph nodes are left intact since the surgery is not removing cancer.

Increased surveillance for high-risk breast cancer patients may include:
- clinical breast exam every 4-6 month
- annual mammogram beginning at the age of 25-35
- a yearly breast Magnetic Resonance Imaging (MRI)

It is strongly recommended that all candidates for prophylactic mastectomy undergo counseling regarding cancer risks from a health professional skilled in assessing cancer risk. Cancer risk should be assessed by performing a complete family history and discussion of the various treatment options, including increased surveillance or chemoprevention with tamoxifen.

POLICY
Prophylactic Mastectomy requires prior authorization for HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, & Advantage.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare plan, Advantage
Per Medical Director review, prophylactic mastectomy may be covered with prior authorization.

If prophylactic mastectomy is the treatment option chosen, a total or simple mastectomy is the option of choice.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19301</td>
<td>Partial mastectomy (i.e., lumpectomy)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>19302</td>
<td>Partial mastectomy with lymphadenectomy</td>
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<tr>
<td>19303</td>
<td>Simple complete mastectomy</td>
</tr>
<tr>
<td>19304</td>
<td>Subcutaneous mastectomy</td>
</tr>
<tr>
<td>19305</td>
<td>Radical mastectomy including pectoral muscles, axillary lymph nodes</td>
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<tr>
<td>19306</td>
<td>Radical mastectomy including pectoral muscles, axillary and internal mammary lymph nodes (urban type)</td>
</tr>
<tr>
<td>19307</td>
<td>Modified radical mastectomy with or without pectoralis minor muscles, axillary lymph nodes but excluding pectoralis major muscle</td>
</tr>
</tbody>
</table>

**ICD-9 CODE**

- V50.41 Prophylactic breast removal

**ICD-10-CM CODE; EFFECTIVE 10/01/2015**

- Z40.01 Encounter for prophylactic removal of breast

**REVISION HISTORY EXPLANATION**

**ORIGINAL EFFECTIVE DATE: 08/15/2009**

- **02/01/11**: Updated
- **12/10/13**: Changed title of policy from Mastectomy Procedures to Prophylactic Mastectomy. Deleted ICD-9 procedure codes. ICD-10 Code added from ICD-9 conversion. Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.
- **03/03/16**: Verbiage change per Medical Director and Tamoxifen prior authorization removed from policy.
- **12/18/2020**: Medical policy placed on the new Paramount Medical Policy Format

**REFERENCES/RESOURCES**

- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Ohio Department of Medicaid
- Industry Standard Review
- Hayes, Inc.