



Department of
HUMAN SERVICES

Risk Reduction Mastectomy

Iowa Medicaid Program:	Claims Pre-Pay	Effective Date:	1/21/2011
Revision Number:	8	Last Rev Date:	7/17/2020
Reviewed By:	Medicaid CAC	Next Rev Date:	7/16/2021
Approved By:	Medicaid Medical Director	Approved Date:	7/24/2020

Descriptive Narrative

Risk-reducing mastectomy, also known as prophylactic mastectomy, is performed to reduce the risk of developing breast cancer or breast cancer recurrence. Growing evidence suggests that aggressive risk-reducing surgical strategies are only justified in high-risk breast cancer situations. Notably, in this selected cohort of women, prophylactic mastectomies offer evident benefit for local and contralateral disease prevention, as well as providing a survival benefit. The discovery in recent years of the gene mutations BRCA 1 and BRCA 2, as well as the development of predictive models to determine an individual's lifetime risk of developing breast cancer, have provided additional tools to help a woman determine the potential benefits of this procedure.

Criteria

Risk-reducing mastectomy indicated by **ALL** of the following:

1. Significantly elevated risk of breast cancer as indicated by **ONE** or more of the following:
 - a. Patient has BRCA1 or BRCA2 genetic mutation, Li-Fraumeni syndrome (TP53 mutation), or Cowden syndrome (PTEN mutation); **OR**
 - b. Lifetime risk of new breast cancer diagnosis estimated to be greater than 20 percent (e.g., based upon models largely dependent on family history such as Claus, Tyrer-Cuzick, BRCAPRO, or BOADICEA); **OR**
 - c. History of mantle chest radiation before 30 years of age; **OR**
 - d. History of breast cancer in the contralateral breast; **OR**
 - e. Extensive mammographic abnormalities (e.g., calcifications) exist such that adequate biopsy is impossible; **OR**
 - f. Noninvasive histology indicating risk (e.g., lobular carcinoma in situ or atypical hyperplasia); **AND**
2. Alternative approaches to elevated risk (chemoprophylaxis, close observation) not deemed sufficient by patient; **AND**
3. At least 10-year life expectancy.

Coding

HCPCS Codes:

19303 – Mastectomy, simple, complete.

References

Beyers TB, et al. Breast Cancer Risk Reduction. NCCN Clinical Practice Guidelines in Oncology [Internet] v. 1.2019; 2018 Dec. Accessed https://www.nccn.org/professionals/physician_gls/default.aspx. Accessed Oct 14, 2019.



Daly MB, et al. Genetic/Familial High-Risk Assessment: Breast and Ovarian. NCCN Clinical Practice Guidelines in Oncology [Internet] v. 3.2019; 2019 Jan. https://www.nccn.org/professionals/physician_gls/default.aspx. Accessed Oct. 14, 2019.

Carbine NE, Lostumbo L, Wallace J, Ko H. Risk-reducing mastectomy for the prevention of primary breast cancer. Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No.: CD002748. DOI: 10.1002/14651858.CD002748.pub4.

Chiesa F, Sacchini V. Risk-Reducing Mastectomy—A Review. Minerva Ginecol. 2016 Oct; 68(5): 544–547. Published online Jan. 19, 2016.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
			9
Signature			
Change Date	Changed By	Description of Change	Version
7/17/2020	Medical Director	Added narrative, changed criteria, removed code 19304.	8
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
7/15/2016	Medical Director	Criterion #1 added additional four syndromes. Added Genetic Home Reference NIH.	7
Signature C. David Smith, MD 			
Change Date	Changed By	Description of Change	Version
7/17/2015	CAC	Added last paragraph in References.	6
Signature			

Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
7/14/2015	Medical Director	Criterion #1 added "including rearrangements detected via BRAT".	5

Signature

Change Date	Changed By	Description of Change	Version
7/18/2014	Medical Director	Formatting changes.	4

Signature

Change Date	Changed By	Description of Change	Version
7/19/2013	CAC	Changed criteria to a member must meet criterion #1 or criterion #2 AND one of criterion #3.	3

Signature

Change Date	Changed By	Description of Change	Version
3/26/2013	Medical Director	Added HCPCs Codes. Added References.	2

Signature

Change Date	Changed By	Description of Change	Version
1/18/2013	CAC	Criteria - changed "all" of the following to "2" of the following.	1

Signature