MEDICAL MANAGEMENT POLICY

TITLE: Mastectomy (Pre-Cert Required) Yes ☒ No
POLICY NUMBER: MEDM-051-2011

EFFECTIVE DATE: 06/01/2011
SUPERSEDES:

REVISION DATE:

PAGE: 1 of 2

This medical policy is not a guarantee of benefits or coverage, nor should it be deemed as medical advice. In the event of any conflict concerning benefit coverage, the employer/member summary plan document (SPD) supersedes this medical policy.

DEFINITIONS: Mastectomy is the medical term for the surgical removal of one or both breasts, partially or completely. Mastectomy is usually performed to treat breast cancer; in some cases, women and some men believed to be at high risk of breast cancer have the operation prophylactically, that is, to prevent cancer rather than treat it.

INDICATIONS: Despite the increased ability to offer breast-conservation techniques to patients with breast cancer, there exist certain groups who may be better served by traditional mastectomy procedures, including:

- Women who have already had radiation therapy to the affected breast
- Women with two (2) or more areas of cancer in the same breast that are too far apart to be removed through a single surgical incision while keeping the appearance of the breast satisfactory
- Women whose initial lumpectomy along with one (1) or more re-excisions has not completely removed the cancer
- Women with certain serious connective tissue diseases such as scleroderma, which make them especially sensitive to the side effects of radiation therapy
- Pregnant women who would require radiation while still pregnant, risking harm to the child
- Women with a tumor larger than five (5) cm – two (2) inches – that doesn't shrink very much with neoadjuvant chemotherapy
- Women with a cancer that is large relative to their breast size
- Women who have tested positive for a deleterious mutation on the BRCA1 or BRCA2 gene and opt for prophylactic removal of the breasts
- Male breast cancer patients

Types of Mastectomies
There are a variety of types of mastectomy in use, and the type that a patient decides to undergo (or whether he or she will decide instead to have a lumpectomy) depends on factors such as size, location and behavior of the tumor (if there is one), whether or not the surgery is prophylactic, and whether or not the patient intends to undergo reconstructive surgery. These types include:

- Simple mastectomy (also known as total mastectomy)
- Modified radical mastectomy
- Radical mastectomy (also known as Halsted mastectomy)
- Skin-sparing mastectomy
- Nipple-sparing/subcutaneous mastectomy
- Extended radical mastectomy
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POLICY IN COMPLIANCE WITH:

POLICY: A mastectomy must be medically necessary. MHealth does not consider breast surgery performed to treat psychosocial complaints; psychological symptomatology when there is no significant physical, objective signs; or for the sole purpose of improving appearance.

Note: This Mastectomy Policy does not supersede requirements referenced in the MHealth Breast Surgery Policy # MEDM-011 or the MHealth Mamoplasty Policy # MEDM-049.

PROCESS: The member or provider must contact:
1. The Customer Service department to verify eligibility/benefits.
2. Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

CPT, HCPC CODES: Approved CMS codes for mastectomy services being rendered must refer to procedures which are medically necessary/related and a covered benefit for the member’s plan.

For Additional Information