

PROPHYLACTIC MASTECTOMY, PROPHYLACTIC OOPHORECTOMY, AND PROPHYLACTIC HYSTERECTOMY

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I. CPT¹ PROCEDURE CODES

19300 - 19307, 58150 - 58294, 58541 - 58554, 58661, 58940 - 58956

II. DESCRIPTION

A. Prophylactic mastectomy is an extirpative procedure (usually simple or total mastectomy) which removes all breast tissue which would be otherwise subject to breast carcinoma. Carefully selected indications have been developed for prophylactic mastectomy and are included in this policy.

B. Prophylactic oophorectomy is removal of the ovaries before development of cancerous cells. Carefully selected indications have been developed for prophylactic oophorectomy and are included in this policy.

C. Prophylactic hysterectomy is removal of the uterus before development of cancerous cells. Carefully selected indications have been developed for prophylactic hysterectomy and are included in this policy.

III. POLICY

A. Bilateral prophylactic mastectomies are covered for patients at increased risk of developing breast carcinoma who have one or more of the following:

1. Atypical hyperplasia of lobular or ductal origin confirmed on biopsy; or
2. A negative or positive **Breast Cancer (BRCA)** genetic test and family history of breast cancer in a first-degree relative (especially a mother or sister) who is premenopausal and has bilateral breast cancer (Family Cancer Syndrome); or
3. Fibronodular, dense breasts which are mammographically and/or clinically difficult to evaluate and the patient presents with either of the above (or both) clinical presentations.

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B. Unilateral prophylactic mastectomies are covered when the contralateral breast has been diagnosed with cancer for patients with:

1. Diffuse microcalcifications in the remaining breast, especially when ductal in-situ carcinoma has been diagnosed in the contralateral breast; or
2. Lobular carcinoma in-situ; or
3. Large breast and/or ptotic, dense or disproportionately-sized breast that are difficult to evaluate mammographically and clinically; or
4. In whom observational surveillance is elected for lobular carcinoma in-situ and the patient develops either invasive lobular or ductal carcinoma; or
5. A negative or positive BRCA genetic test and family history of breast cancer in a first-degree relative (especially a mother or sister) who is premenopausal and has bilateral breast cancer (Family Cancer Syndrome).

C. Prophylactic oophorectomy is covered when there is a positive BRCA genetic test and:

1. There is a first degree family history of ovarian cancer (e.g., parent, child, sibling); or
2. There is a 2+2nd degree relative history of ovarian cancer (two or more second degree relatives).

D. **Prophylactic hysterectomy is covered:**

1. **For women with a positive BRCA genetic test who are about to undergo or are undergoing tamoxifen therapy.**
2. **For women who have been diagnosed with Hereditary Nonpolypoid Colorectal Cancer (HNPCC) or are found to be carriers of HNPCC-associated mutations.**

E. Benefits will only be allowed for subcutaneous mastectomies performed as an alternative treatment for benign breast diseases if the individual is not at high risk of breast cancer.

IV. EXCLUSION

Subcutaneous mastectomy, a procedure that is not extirpative, fails to remove all breast tissue. Therefore, subcutaneous mastectomy is not effective as prophylactic assurance against breast cancer in high risk indications, nor is subcutaneous mastectomy a cancer treatment. Therefore, benefits will not be allowed for subcutaneous mastectomy in the prevention of breast carcinoma. (From October 25, 1993, through the implementation date of this policy, subcutaneous mastectomy was listed as a covered benefit.) Claims processed during this time should not be recouped.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 5.3

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V. EFFECTIVE DATE

January 1, 2006, for prophylactic hysterectomy.

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