

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 2.3
TITLE: **PROPHYLACTIC MASTECTOMY AND PROPHYLACTIC
OOPHORECTOMY**

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)

I. EFFECTIVE DATE

October 25, 1993

II. PROCEDURE CODE(S)

A. CPT codes: 19180, 19182, 83890-83894, 83898, 83912, and 88299

B. HCPCS Level II codes: S3820, S3822, and S3823

III. DESCRIPTION

A. Prophylactic mastectomy is an extirpative procedure (usually simple or total mastectomy) that removes all breast tissue that 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 mastectomy and are included in this policy.**

IV. 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 BRCA genetic test and with a** 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 patient presents with either of the above (or both) clinical presentations.

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

1. diffuse micro calcifications in the remaining breast, especially when ductal in-situ carcinoma has been diagnosed in the ipsilateral (on the same side) breast,
2. lobular carcinoma in-situ, or
3. large breast and/or ptotic, dense or disproportionately-sized breast that is difficult to evaluate mammography 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).

V. POLICY CONSIDERATIONS

A. Breast construction as a result of a congenital anomaly is a covered benefit when absence of the breast exists, to include augmentation of the breast, and/or breast reduction for the normal breast.

B. Second opinions are a covered benefit for the history and examination of the patient as well as any other covered diagnostic services required in order for the physician to properly evaluate the patient's condition and render a professional opinion on the medical need for surgery.

C. In cases in where breast prosthesis has been authorized, CHAMPVA may cost share, on an annual basis, a maximum of seven post mastectomy surgical bras as medical supply items. Breast prosthesis may be replaced every two years if determined to be medically necessary.

D. 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.

VI. EXCLUSIONS

- A. Subcutaneous mastectomy as a preventive treatment for breast cancer.
- B. Breast ductal lavage services to detect breast cancer.

END OF POLICY