

# Highmark Commercial Medical Policy- PA, WV, DE, NY

---

Medical Policy:	S-163-0234
Topic (or Title):	Prophylactic Mastectomy
Section:	Surgery
Effective Date:	August 11, 2025 July 13, 2026
Issued Date:	August 11, 2025 July 13, 2026
Last Revision Date:	May 2025 May 2026
Annual Review:	May 2025 May 2026

---

Prophylactic mastectomy is defined as the removal of the breast in the absence of malignant disease. Prophylactic mastectomies may be performed in women considered at high risk of developing breast cancer, either due to a family history, presence of a BRCA1, BRCA2, TP53, PTEN, PALB2, CDH1, STK11 gene mutation, or another gene variant associated with high risk, ~~or~~ the presence of lesions associated with an increased cancer risk, or fibrocystic breasts with or without mild to severe symptoms.

## Policy Position

### Prophylactic Mastectomy

Prophylactic mastectomy may be considered medically necessary when **ONE or more** of the following risk factors are present:

- Those with a strong family history of breast cancer indicated by **ONE or more** of the following:
  - A family history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer; **or**
  - The individual's risk of breast cancer is elevated on a validated assessment tool such as the Breast Cancer Risk Calculator, Gail Model, or Tyrer-Cuzick Risk Calculator; **and**
  - The individual has undergone counseling from an appropriate provider such as a gynecologist, breast surgeon or genetic counselor to quantitate their risk; **or**
- Individual has tested positive for BRCA1, BRCA2, TP53, PTEN, PALB2, CDH1, STK11, gene mutations or another gene variant associated with high risk; **or**
- High-risk histology: Atypical ductal or lobular hyperplasia, or lobular carcinoma in situ confirmed on biopsy; **or**
- Individuals with such extensive mammographic abnormalities (e.g., calcifications, cystic/dense breast tissue) that adequate biopsy is impossible; **or**
- Individuals with a personal history of breast cancer making it more likely to develop a new cancer in the opposite breast; **or**
- Individuals who received radiation therapy to the thoracic region before the age of 30. (e.g. radiation to treat Hodgkin's disease).

Prophylactic M-mastectomy of the contralateral breast may be considered medically necessary when **for ONE or more** of the following: situations exists:

- For r Risk reduction in individuals at high risk for a-contralateral breast cancer as stated above; **or**
- For l Individuals in whom subsequent surveillance of the contralateral breast would be difficult such as for: **due to history of ONE or more of the following:**
  - Dense breast tissue as shown clinically or mammographically; **or**
  - Diffuse and/or indeterminate calcifications; **or**

- For improved symmetry in individuals undergoing mastectomy with reconstruction for the index cancer who: **with ONE or more of the following:**
  - Have a Large and/or ptotic contralateral breast; **or**
  - Disproportionately sized contralateral breast.

Prophylactic mastectomy not meeting the criteria as indicated in this policy is considered not medically necessary.

### Procedure Codes

19303

---

#### **Mastectomy for Fibrocystic Breasts**

**Mastectomy for fibrocystic breasts may be considered medically necessary when ALL the following criteria are met:**

- **When the individual is symptomatic for ONE or more of the following (not an all-inclusive list):**
  - **Breast engorgement with pain and tenderness; or**
  - **Generalized lumpiness; or**
  - **Isolated mass; or**
  - **Isolated cyst; and**
- **Individual has completed first-line therapy including ONE or more of the following (not an all-inclusive list):**
  - **Support garments; or**
  - **Topical non-steroidal anti-inflammatory drugs; or**
  - **Oral non-steroidal anti-inflammatory drugs or acetaminophen; and**
- **Completed second-line therapy with ONE or more of the following:**
  - **Tamoxifen; or**
  - **Danazol.**

#### **NOTE:**

**Coverage for reconstructive breast surgery is provided for individuals undergoing covered prophylactic mastectomies.**

**Mastectomy for fibrocystic breasts not meeting the criteria as indicated in this policy is considered not medically necessary.**

### **Procedure Codes**

19301

19302

19303

19305

19306

19307

---

#### **References**

1. **Berkes A, Streit L, Drazen R et al. Effectiveness of prophylactic mastectomy. *Plast Reconstr Surg Glob Open.* 2023;1(11)(3 Suppl):20-21.**

2. [Johansson A, Christakou AE, Iftimi A, et al. Characterization of benign breast diseases and association with age, hormonal factors, and family history of breast cancer among women in Sweden. \*JAMA Netw Open.\* 2021;4\(6\):e2114716.](#)
3. [Stein M, Kareer A, Arnaout a, et al. Quality-of-Life and surgical outcomes for breast cancer patients treated with therapeutic reduction mammoplasty versus mastectomy with immediate reconstruction. \*Ann Surg Oncol.\* \(2020\) 27:4502–4512](#)
4. [Gail M, Jatoi I, Tools for contralateral prophylactic mastectomy decision making. \*JCO.\* 2022;40\(31\).](#)
5. [National Comprehensive Cancer Network \(NCCN\). NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast and Ovarian. Version 1.2026.](#)
6. [Schmidt MK, Kelly JE, Brédart A, et al. EBCC-13 manifesto: Balancing pros and cons for contralateral prophylactic mastectomy. \*Eur J Cancer.\* 2023;181:79-91.](#)
7. [Willert CB, Møllekjær L, Tolver A, et al. Time trends, uptake, and oncological effects of risk-reducing surgeries in 3067 Danish BRCA1/2 carriers: a population-based study with matched controls. \*Breast Cancer Res Treat.\* 2025;214\(3\):355-366.](#)
8. [Tischkowitz M, Balmaña J, Foulkes WD, et al. Management of individuals with germline variants in PALB2: a clinical practice resource of the American College of Medical Genetics and Genomics \(ACMG\). \*Genet Med.\* 2021;23\(8\):1416-1423.](#)
9. [Lowry KP, Geuzinge HA, Stout NK, et al. Breast Cancer Screening Strategies for Women With ATM, CHEK2, and PALB2 Pathogenic Variants: A Comparative Modeling Analysis. \*JAMA Oncol.\* 2022;8\(4\):587-596.](#)

## Related Policies

Refer to medical policy, S-129 Mastectomy and Reconstructive Surgery, for additional information.

## Professional Statements and Societal Positions

### Society of Surgical Oncology Position Statement - 2025

The Society of Surgical Oncology updated its position statement on BRRM in 2025, emphasizing that RRBM effectively reduces breast cancer incidence but that the survival benefit remains unclear. Key recommendations include:

- BRRM should be discussed with individuals at high lifetime risk due to pathogenic variants in high-penetrance genes, early chest/breast radiation, or compelling family history
- BRRM is not recommended for most patients with high-risk lesions alone and may be contraindicated in patients with competing cancers or high surgical complication risk
- For low-to-moderate risk patients, alternatives (lifestyle modifications, high-risk screening, risk-reducing medications) should be encouraged

### The NCCN Breast Cancer Risk Reduction Guidelines (v1.2026):

- Risk-reducing mastectomy should be "discussed and can be considered as an option" in individuals with germline pathogenic/likely pathogenic variants in high-penetrance breast cancer susceptibility genes, compelling family history, or history of chest wall radiation before age 30
- For LCIS, the currently preferred approach is now close monitoring and therapy with a risk-reducing endocrine agent, rather than risk-reducing mastectomy
- The panel does not recommend a specific risk cutoff for decision-making; individualized management is highly encouraged
- The use of polygenic risk scores (PRS) as part of standard of care is discouraged pending further validation

### The American Society of Breast Surgeons (ASBrS) Consensus statement on contralateral prophylactic mastectomy, 2016.

Patients who will benefit from CPM include:

- BRCA1 and BRCA2 genetic carriers
- Patients with a significant family history but who have not had genetic testing
- Patients who had chest radiation before they were 30 years old

Patients who may benefit from CPM include:

- Non-BRCA gene carriers
- Patients with a strong family and who are BRCA negative and whose family does not have a BRCA carrier
- Patients whose breasts are extremely dense
- Patients whose breast cancer could not be detected by imaging
- Patients who are extremely anxious
- Patients who desire symmetry after breast reconstruction

### The NCCN has made recommendations on several cancers relevant to this evidence review. On breast cancer risk reduction (v.1.2019), the NCCN recommends:

"Risk-reducing mastectomy should generally be considered only in women with a genetic mutation conferring a high risk for breast cancer..., compelling family history, or possibly with LCIS [lobular carcinoma in situ] or prior thoracic radiation therapy at <30 years of age.... The value of risk-reducing mastectomy in women with deleterious mutations in other genes associated with a 2-fold or greater risk for breast cancer ... in the absence of a compelling family history of breast cancer is unknown."

For invasive breast cancer (v.1.2019) the NCCN has discouraged contralateral risk-reducing mastectomy, except for certain high-risk situations (noted in the risk-reduction guideline previously discussed). The guidelines state:

"the small benefits from contralateral prophylactic mastectomy for women with unilateral breast cancer must be balanced with the risk of recurrent disease from the known ipsilateral breast cancer, psychological and social issues of bilateral mastectomy, and the risks of contralateral mastectomy. The use of a prophylactic mastectomy contralateral to a breast treated with breast-conserving therapy is very strongly discouraged."

As part of a genetic/familial high-risk assessment for breast and ovarian cancer (v.3.2019), the NCCN recommends that the option of risk-reduction mastectomy be discussed in women with BRCA-related breast and/or ovarian syndrome, Li-Fraumeni syndrome, and Cowden syndrome or PTEN hamartoma tumor syndrome.<sup>21</sup> In addition, the NCCN guidelines recommend that risk-reducing mastectomy be considered based on family history in women with certain genetic variants including CHEK2, STK11, and CDH1.

---

### Diagnosis Codes

D05.00	D05.01	D05.02	D05.10	D05.11	D05.12	D05.80
D05.81	D05.82	D05.90	D05.91	D05.92	E71.440	<a href="#">N60.91</a>
<a href="#">N60.92</a>	<a href="#">N60.99</a>	R92.1	R92.8	Z15.01	Z17.410	Z17.420
Z40.01	Z80.3	Z85.3				

### Place of Service: Inpatient/Outpatient

Prophylactic mastectomy is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting. is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**The policy position applies to all commercial lines of insured business and, if elected, ASO.**

### Links

- [Link to Provider Resource Center for the Medical Policy Update](#)  
12/2019, Facility added for Prophylactic Mastectomy. 05/2022 Definition of family history of cancer updated. Criteria added for education, counseling and a validated assessment tool.

---

*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.*

*Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.*

*Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.*

### **Discrimination is Against the Law**

*The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:*

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
  - *Qualified sign language interpreters*
  - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
  
- *Provides free language services to people whose primary language is not English, such as:*
  - *Qualified interpreters*
  - *Information written in other languages*

*If you need these services, contact the Civil Rights Coordinator.*

*If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.*

*You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:*

*U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)*

*Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.*

*Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.*

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود ( TTY: 711 ) تماس بگیرید.