HEALTHHELP®
A WNS COMPANY

2024 Breast Surgery

Surgical Services

P_11274, P_11275, 11435, 11436, 11437

Last Review Date: 06/27/2024
Previous Review Date: 06/30/2023
Guideline Initiated: 06/30/2019

HEALTHHELP®

A WNS COMPANY

Table of Contents

BlueCross and BlueShield of South Carolina

IMPORTANT
To locate the appropriate updated Clinical Policies for BlueCross and BlueShield of South Carolina, please go to: https://www.southcarolinablues.com/web/public/brands/sc/providers/policies-and-authorizations/medical-policies/

TIP
A National Coverage Determination (NCD) or Local Coverage Determination (LCD) may be necessary to review for Medicare participants. Please go to: https://www.cms.gov/medicare-coverage-database/search.aspx for the latest coverage determination information.

Internal Use Only

11231 11235 11233 11238 11241 11234 11240 11474 11224 11229 11225 11226 11274 11269 11267 11268 11264 11263 11236 11237 11239 11242 11228 11646 11275 11262 11265 11266 11270

Breast Biopsy, Excisional

Breast Excisional Biopsy Guideline

An excisional biopsy of the breast is considered medically appropriate when the documentation demonstrates **ANY** of the following: [12]

I. Incisional biopsy was previously done with **ANY** of the following: [16]

A. Atypical hyperplasia (ductal or lobular) or lobular carcinoma in-situ (LCIS) is present on core biopsy. [16] [5] [4]

B. Core needle biopsy in past demonstrated a benign lesion that now has suspicious interval changes. [4] [16] [5] [4]

C. Core needle biopsy is non-diagnostic (eg, highly suspicious of cancer, insufficient material, lack of calcifications or hemorrhage). [16] [5] [4]

D. Discordance between imaging characteristics and core biopsy histology. [13] [16] [5] [4]

E. Fibro epithelial lesion (fibro adenoma vs. benign phyllodes tumor) is present on core biopsy. [9] [16] [5] [4] [13]

F. Papillary and/or sclerosing lesion is present on core biopsy. [21] [16] [5] [4]

G. Radial scar is present on a core needle biopsy. [16] [5]

II. **NO** prior incisional biopsy and **ANY** of the following:

A. Anatomically unsuitable for biopsy (eg, breast tissue too thin, individual too large for biopsy table) [4]

B. Cystic breast mass is unresolved after one or more drainage attempts. [9]

C. Lesion is not anatomically suitable for core biopsy (eg, lesion too far anterior or posterior, or too close to breast implant). [4]

D. Nipple discharge is suspicious (eg spontaneous, clear, bloody, or serosanguineous) with normal breast imaging. [21]

Breast Excisional Biopsy Contraindications/Exclusions

A breast excisional biopsy may be contraindicated or excluded for **ANY** of the following situations:

- Breast abnormality fluctuates with menstrual cycle. [13]
- Breast abnormality is BI-RADS 1-3. [12]
- Asymptomatic cystic breast mass [9]
- Fibroadenoma of the breast is suspected. [13]
- Vascular breast malformation [11]

Breast Excisional Biopsy Procedure Codes

Table 1. Excisional Breast Biopsy Associated Procedure Codes

CODE	DESCRIPTION
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)

Breast Excisional Biopsy Summary of Changes

Breast Excisional Biopsy guideline from 2023 to 2024 had the following changes:

- Citations updated, evidence review completed.

Breast Lumpectomy

Breast Lumpectomy Guideline

A breast lumpectomy is considered medically appropriate when the documentation demonstrates confirmed breast cancer, for **ANY** the following: [13]

I. Initial lumpectomy with **ANY** of the following:
   A. Core biopsy is positive for malignancy. [13]
   B. Ductal carcinoma in situ (DCIS) [8]
   C. Early-stage breast cancer (clinical stage I or II) [1]
   D. Invasive lobular cancers and cancers with an extensive intraductal component, if clear margins can be achieved. [13]
   E. Tumor, regardless of size, can be excised with clear margins and an acceptable cosmetic result. [13]

II. Repeat lumpectomy when there is margin clearance of less than 2 mm to same site as previous lumpectomy. [17]

Breast Lumpectomy Contraindications/Exclusions

A breast lumpectomy may be contraindicated or excluded if the medical record demonstrates **ANY** of the following:

I. Connective tissue disease involving the skin (eg, Lupus, Scleroderma, Sjögren syndrome) is active. [12]

II. Genetic predisposition to breast cancer is suspected or known with **ANY** of the following:
   A. Li-Fraumeni syndrome [12]
   B. Prophylactic bilateral mastectomy for risk reduction is being considered. [12]
   C. Risk is increased with **ANY** of the following:
      1. Contralateral breast cancer [12]
      2. Ipsilateral breast recurrence [12]

III. Mammographic micro-calcifications that are diffuse and appear malignant, suggesting multicentricity. [14] [12]

IV. Multi-centric disease with two or more primary tumors in separate breast quadrants. [14] [12]

V. Pregnancy, (although it may be possible to perform breast-conserving surgery in the third trimester, deferring breast RT until after delivery). [14] [12]

VI. Radiation therapy to breast or chest wall received previously. Radiation therapy to breast or chest wall received previously. [14] [12]

VII. Resection margin is persistently positive after reasonable re-excision attempts. [12]

Breast Lumpectomy Procedure Codes

Table 1. Breast Lumpectomy Associated Procedure Codes

CODE	DESCRIPTION
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy

Breast Lumpectomy Summary of Changes

Breast Lumpectomy guideline from 2023 to 2024 had the following changes:

- Citations updated, evidence review completed.

Mastectomy

Mastectomy Guideline

NOTICE
Requests for mastectomy as part of gender-reassignment are determined by the individual's health plan. Please refer to the Medical Policy of the individual's health plan for the indications associated with gender-reassignment procedures.

A mastectomy is considered medically appropriate when the documentation demonstrates **ANY** of the following: [12]

I. Breast cancer diagnosis is known, for **ANY or at least 1** of the following:

A. Curative mastectomy in affected, cancerous breast(s) [8]

B. Contralateral prophylactic mastectomy (*unaffected breast is removed at the same time as the curative mastectomy*) when **ANY** of the following exist:[1][19] [15] [7]

1. Age is younger than 45 years when diagnosed with breast cancer. [18]

2. High-risk of contralateral breast cancer with BRCA-1 or BRCA-2 gene, pathological mutations of TP53 (Li Fraumeni syndrome), PTEN (Cowden syndrome), CDH1 (associated with hereditary diffuse gastric cancer), and/or PALB2
3. Hodgkin lymphoma that was treated with mantle field radiation before 30 years of age. [22]
4. Relative, 1st degree, (eg, child, parent, sibling) with breast cancer.

II. Bilateral prophylactic mastectomy, to decrease risk of developing bilateral breast cancer, for **ANY** of the following: [18] [7]

A. BRCA-1 or BRCA-2 gene [3]

B. First degree relative (eg, child, parent, sibling) with breast cancer.

III. Gynecomastia for **ANY** of the following:

A. Klinefelter syndrome [13]

B. Pain or tenderness, persistent, secondary to the breast tissue and **ALL** of the following: [10]

1. Clinical symptoms persist despite medical therapy
2. Clinically significant impact (eg, cosmesis, physical discomfort, stress) upon activities of daily living (eg, bathing, dressing).
3. Gynecomastia, grade II through IV **OR** abnormal breast development with redundancy.
4. Persists more than 3 to 4 months after the pathological causes are ruled out **OR** persists after 3 to 4 months of unsuccessful medical treatment for pathological gynecomastia.

LCD 39051
See also, **LCD 39051**: Cosmetic and Reconstructive Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

[1]Contralateral prophylactic mastectomy is **NOT** recommended if there is an average risk or mutations of moderate penetrance genes (eg, CHEK2, ATM, BARD1, STK11, NF1), variant of unknown significance (VUS), and males with breast cancer gene mutations.

LCD 35090
See also, **LCD 35090**: Cosmetic and Reconstructive Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 38914
See also, **LCD 38914**: Cosmetic and Reconstructive Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD L39506
See also, **LCD L39506**: Cosmetic and Reconstructive Surgery at www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39506 *if applicable to individual's healthplan membership*.

Mastectomy Contraindications/Exclusions

A mastectomy may be contraindicated or excluded if the medical record demonstrates the following:

I. Average risk or mutations of moderate penetrance genes (eg, CHEK2, ATM, BARD1, STK11, NF1), variant of unknown significance (VUS), and males with breast cancer gene mutations for contralateral prophylactic mastectomy. [7]

Mastectomy Procedure Codes

Table 1. Mastectomy Associated Procedure Codes

CODE	DESCRIPTION
19300	Mastectomy for gynecomastia
19303	Mastectomy, simple, complete
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

Mastectomy Summary of Changes

Mastectomy guideline from 2023 to 2024 had the following changes:

- Citations updated, evidence review completed.

Breast Surgery Definitions

Atypical hyperplasia is a benign condition in which cells look abnormal under a microscope and are increased in number.
BRCA gene is an abbreviation for "**BR**east **CA**ncer gene" and has been found to impact a person's chances of developing breast cancer. A person who inherits certain mutations (changes) in a BRCA gene has a higher risk of getting breast, ovarian, prostate, and other types of cancer.
Breast Imaging Reporting and Data System (BI-RADS): The Breast Imaging Reporting and Data System lexicon was developed by the American College of Radiology to provide clear, concise way to report mammographic results.
A BI-RADS category is reported at the end of every mammogram report and summarizes the findings of the mammogram.

- BI-RADS 1: Normal mammography. The patient should return in 1 year for annual mammography;
- BI-RADS 2: Benign finding on mammography. The patient should return in 1 year for annual mammography;
- BI-RADS 3: There is a high likelihood of benignity (more than 98%). A short-term follow-up is recommended in 6 months. The follow-up is performed over a total of 2-3 years;
- BI-RADS 4: A biopsy is warranted: more than 2% but less than 95% likelihood of malignancy; BI-RADS
  - 4a: Low likelihood of malignancy;
  - 4b: Intermediate likelihood of malignancy;
  - 4c: Moderate likelihood of malignancy;
- BI-RADS 5: A biopsy is recommended. There is a high likelihood of malignancy (95% or more); BI-RADS
- BI-RADS 6: Confirmed malignancy.

Contralateral is occurring on or acting in conjunction with a part on the opposite side of the body.
Core biopsy is the removal of a tissue sample with a wide needle for examination under a microscope. Also called core needle biopsy.

Cowden syndrome A rare inherited disorder marked by the presence of many benign growths (called hamartomas) and an increased risk of cancer. Hamartomas form in different parts of the body, especially the skin, mouth, and gastrointestinal tract.

Ductal carcinoma in-situ (DCIS) is a condition in which abnormal cells are found in the lining of a breast duct. The abnormal cells have not spread outside the duct to other tissues in the breast. In some cases, ductal carcinoma in situ may become invasive breast cancer and spread to other tissues.

Excisional biopsy is a biopsy that removes an entire lesion in a manner that obtains a full-thickness specimen.

Fibroadenoma is a benign tumor that most often forms in the breast and is made up of fibrous (connective) tissue and glandular tissue. A fibroadenoma is usually painless. It often feels like a hard, round lump with a smooth, well-defined border that moves easily under the skin of the breast.

Fibroepithelial lesions of the breast are commonly encountered tumors comprised of stromal and epithelial components. Fibroadenoma and phyllodes tumor are both fibroepithelial lesions, but their management differs. Phyllodes tumor requires surgical excision, whereas fibroadenoma requires no further workup.

Gynecomastia is the abnormal growth of breast gland tissue in males.

Incisional biopsy is a biopsy that removes only a portion of a larger lesion, and residual abnormal tissue remains.

Intraductal carcinoma is a condition in which abnormal cells are found in the lining of a breast duct. The abnormal cells have not spread outside the duct to other tissues in the breast. In some cases, intraductal breast carcinoma may become invasive breast cancer and spread to other tissues. At this time, there is no way to know which abnormal cells could become invasive. Also called DCIS and ductal carcinoma in situ.

Invasive carcinoma is cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues.

Ipsilateral refers to the same side of the body as another structure or a given point.

Klinefelter syndrome is a genetic disorder in males caused by having one or more extra X chromosome(s). Males with this disorder may have larger than normal breasts, a lack of facial and body hair, a rounded body type, and small testicles.

Li-Fraumeni syndrome is a rare, inherited disorder that is caused by mutations in the TP53 gene that increases the risk of developing 1 or more certain types of cancer. These cancers often develop at an early age.

Lobular carcinoma in-situ (LCIS) is a rare condition where abnormal cells develop in the breast milk glands, called lobules. LCIS is not considered breast cancer and doesn't require treatment beyond surgical removal. However, people with LCIS have a 30% chance of developing breast cancer over their lifetime..

Lumpectomy is a breast-conserving surgery (BCS) removes the cancer while leaving as much normal breast as possible. Usually some surrounding healthy tissue and lymph nodes also are removed.
Lupus is a chronic, inflammatory, connective tissue disease that can affect the joints and many organs, including the skin, heart, lungs, kidneys, and nervous system. It can cause many different symptoms; however, not everyone with lupus has all of the symptoms. Also called systemic lupus erythematosus (SLE).
Mantle field radiation refers to the area of the neck, chest, and lymph nodes in the armpit that are exposed to radiation.
Mastectomy is a surgery that removes the entire breast.
Multicentricity refers to a rare breast cancer in which there is more than one tumor, all of which have formed separately from one another. The tumors are likely to be in different quadrants (sections) of the breast.
Papillary lesions are a heterogeneous group of breast lesions that include benign papillomas, atypical papillomas, and papillary carcinomas.
Prophylactic refers to guarding from or preventing the spread or occurrence of disease or infection.
Radial scar is a benign area of hardened tissue in the breast that looks like a scar when viewed under a microscope.
Scleroderma is an autoimmune connective tissue and rheumatic disease that causes inflammation in the skin and other areas of the body. This condition occurs when an immune response tricks tissues into thinking they are injured, it causes inflammation, and the body makes too much collagen, leading to scleroderma.
Sclerosing lesion is a benign area of hardened tissue in the breast that looks like a scar when viewed under a microscope.
Serosanguineous means to contain or relate to both blood and the liquid part of blood (serum).
Sjögren syndrome is an autoimmune disease that affects the tear glands and salivary glands, and may affect glands in the stomach, pancreas, and intestines. The disease causes dry eyes and mouth, and may cause dryness in the nose, throat, air passages, skin, and vagina.

Breast Surgery References

[1] (2015). Performance and Practice Guidelines for Breast-Conserving Surgery/Partial Mastectomy. *American Society of Breast Surgeons*. Retrieved: April 2024. https://www.breastsurgeons.org/resources/statements
[2] American Cancer Society. (2021). Breast-conserving Surgery (Lumpectomy). *American Cancer Society*. Retrieved: May 2023. https://www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer/breast-conserving-surgery-lumpectomy.html

[3] American Cancer Society. (2021). Mastectomy. *American Cancer Society*. Retrieved: May 2023. https://www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer/mastectomy.html

[4] The American Society of Breast Surgeons Education Committee. (2018). Performance and Practice Guidelines for Excisional Breast Biopsy. *The American Society of Breast Surgeons*. Retrieved: April 2023. https://www.breastsurgeons.org/docs/statements/Performance-and-Practice-Guidelines-for-Excisional-Breast-Biopsy.pdf

[5] Bevers, T.B., Helvie, M., . . . Wolverton, D.E. (2024). Breast Cancer Screening and Diagnosis Version 1.2024. *National Comprehensive Cancer Network*. Retrieved: April 2024. https://www.nccn.org/professionals/physician_gls/pdf/breast-screening.pdf

[6] Czajka, M.L. & Pfeifer, C. (2023). Breast Cancer Surgery. *StatPearls*, 1-20. Retrieved: April 2023. https://www.ncbi.nlm.nih.gov/books/NBK553076/

[7] Daly, M.B., Pal, T., . . . Yurgelun, M.B. (2024). Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. *National Comprehensive Cancer Network*. Retrieved: April 2024. https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1503

[8] DeStefano, L.M. & Calhoun, K.E. (2023). Breast: Ductal and Lobular Carcinoma in Situ of the Breast. J.L. Cameron (Ed.). *Current Surgical Therapy* (14), (pp. 768-770). Philadelphia, PA: Elsevier, Inc.

[9] Dixon, J.M., Macaskill, E.J. (2019). Benign breast conditions. J.M. Dixon & M.D. Barber (Eds.). *Breast Surgery: A Companion to Specialist Surgical Practice* (6), (pp. 27-45). Philadelphia, PA: Elsevier, Inc.

[10] Ferri, F.F. (2023). Gynecomastia. F.F. Ferri (Ed.). *Ferri's Clinical Advisor 2023*, (pp. 679.e2-679.e4). Philadelphia, PA: Elsevier, Inc.

[11] Gautam, R., Dixit, R., . . . Pradhan, G. S. (2023). Venous Malformation in the Breast: Imaging Features to Avoid Unnecessary Biopsies or Surgery. *Journal of Radiology Case Reports, 17*(5), 1-8.

[12] Gradishar, W.J., Moran, M.S., . . . Young, J.S. (2024). Breast Cancer Version 2.2024. *National Comprehensive Cancer Network*. Retrieved: April 2024. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

[13] Klimeberg, V.S., Hunt, K.K.(2022). Diseases of the Breast. C.M. Townsend, R.D. Beauchamp, . . . K.L. Mattox (Eds.). *Sabiston Textbook of Surgery* (21). (pp. 809-855). Philadelphia: Elsevier, Inc.

[14] Matar, R. & Gemignani, M.L. (2023). Breast Cancer: Surgical Therapy. J.L. Cameron (Ed.). *Current Surgical Therapy* (14), (pp. 733-739). Philadelphia, PA: Elsevier, Inc.

[15] Mendez, J.(2021). Breast Cancer Surgery. A. Cristian (Ed.). *Breast Cancer and Gynecologic Cancer Rehabilitation*, (pp. 99-107). Philadelphia, PA: Elsevier, Inc.

[16] Pastoriza, J.M., Mallon, W.C. & Jacobs, L.K. (2023). Breast: Role of Stereotactic Biopsy in Management of Breast Disease. J.L. Cameron & A.M. Cameron (Ed.). *Current Surgical Therapy* (14), (pp. 725-727). Philadelphia, PA: Elsevier, Inc.

[17] Schnitt, S.J., Moran, M.S. & Giuliano, A.E. (2020). Lumpectomy Margins for Invasive Breast Cancer and Ductal Carcinoma in Situ: Current Guideline Recommendations, Their Implications, and Impact. *Journal of Clinical Oncology, 38*(20), 2240-2245.

[18] Smith, Jr., T.W. & Kulkarni, S.A. (2023). Breast - Contralateral Prophylactic Mastectomy. J.L. Cameron & A.M. Cameron (Eds.). *Current Surgical Therapy* (14), (pp. 787-791). Philadelphia, PA: Elsevier, Inc.

[19] Spiguel, L.R.P., Sorice-Virk, S. & Copeland, E.M. (2024). Local Recurrence, the Augmented Breast, and the Contralateral Breast. V.S. Klimberg, W.J. Gradishar, . . . E.M. Copeland (Eds.). *Bland and Copeland's The Breast* (6), (pp. 764-783). Philadelphia, PA: Elsevier, Inc.

[20] Versaggi, S.L., De Leucio, A. (2022). Breast Biopsy. *National Library of Medicine*. Retrieved: June 2022. https://www.ncbi.nlm.nih.gov/books/NBK559147/

[21] Vora, H. & Oseni, T.O. (2023). Breast - Benign Breast Disease. J.L. Cameron & A.M. Cameron (Eds.). *Current Surgical Therapy* (14), (pp. 717 - 719). Philadelphia, PA: Elsevier, Inc.

[22] Younes, A., LaCasce, A.S., . . . Dogan, A. (2023). Hodgkin Lymphoma. R. Hoffman, E.J. Benz, . . . S.A. Abutalib (Eds.). *Hematology: Basic Principles and Practice* (8), (pp. 1339-1351). Philadelphia: Elsevier, Inc.

Disclaimer & Legal Notice

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

Registered Trademarks (®/™) and Copyright (©)