

Excision and Mastectomy for Breast Lesions



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

Breast Reconstruction

Cosmetic and Reconstructive Surgery

Gender Affirmation Surgery

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for excision and mastectomy for breast lesions.

Description

A breast lesion may appear as a suspicious abnormality upon breast imaging, or a palpable mass discovered upon professional breast examination, or by the individual during a self-examination.

An excision involves the surgical removal of the entire breast lesion or mass through a small incision. Once removed, the tissue is examined under a microscope to determine if the mass is benign (noncancerous) or malignant (cancer). This procedure is also referred to as an excisional biopsy.

Lumpectomy is similar to excision but is performed after biopsy confirmation of cancer. During a lumpectomy, the mass is removed, along with a small margin of normal tissue, preserving the nipple (unless it is the location of the lesion) and the general shape of the breast. Because a lumpectomy does not remove the entire breast, it is considered a partial mastectomy.

A partial mastectomy may be more extensive involving the removal of more than the mass and tissue margin. It may also require removal of lining over the chest muscles below the tumor. Some of the axillary (underarm) may also be removed.

A mastectomy removes all breast tissue and some lymph nodes and may involve one (unilateral) or both (bilateral) breasts. Depending on the reason for the mastectomy, the nipple, areola and/or skin may be spared.

Mastectomy may also be performed for gynecomastia, the proliferation of glandular tissue that enlarges the male breast.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.

[Mastectomy, Partial \(Lumpectomy\)](#)

[Mastectomy, Partial \(Lumpectomy\) RRG](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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	
19300	Mastectomy for gynecomastia	
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	
19303	Mastectomy, simple, complete	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

1. MCG Health. Mastectomy, partial (lumpectomy). 27th edition. <https://www.mcg.com>. Accessed November 22, 2023.

Change Summary

- 01/01/2024 New Policy.

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