Excision and Mastectomy for Breast Lesions

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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.

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<td>19120</td>
<td>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</td>
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<td>19125</td>
<td>Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion</td>
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<td>19300</td>
<td>Mastectomy for gynecomastia</td>
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<td>19301</td>
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<td>19302</td>
<td>Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy</td>
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<td>19303</td>
<td>Mastectomy, simple, complete</td>
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References


Change Summary

- 01/01/2024 New Policy.