



UM-CDG-032 Breast Excision and Mastectomy

Approved By:  
Director, Health Services

Effective Date:  
10/22/2025

*This Policy applies to all SECUR affiliates, associates, and subsidiaries.*

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address breast excision and mastectomy.

A breast lesion may appear as a suspicious abnormality upon imaging, or a palpable mass may be discovered upon professional examination, or through self-examination. An excision involves surgically removing the lesion or mass through a small incision. Once removed, the tissue is examined to determine if the mass is benign (non-cancerous) or malignant (cancerous); this is a biopsy.

A lumpectomy is like 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 that is the location of the lesion, and the general shape of the breast. Since a lumpectomy does not remove the entire breast, it is considered a partial mastectomy.

A partial mastectomy may be more extensive than a lumpectomy, involving removal of more than the mass and tissue margin and may require removal of lining over the chest muscles below the tumor. Additionally, some of the axillary lymph nodes may be removed. Both lumpectomy and partial mastectomy are considered breast-conserving surgery because as much breast tissue as possible is left with mass removal.

A mastectomy may be unilateral (only one breast) or bilateral (both breasts) and involves the removal of all breast tissue and some lymph nodes. Depending on the rationale, the nipple, areola, and/or skin may be spared. Mastectomy may also be performed for gynecomastia where a proliferation of glandular tissue enlarges the male breast.

Prophylactic mastectomy, sometimes referred to as risk-reducing mastectomy (RRM), is the removal of one or both breasts when there is no known breast cancer to reduce the risk of development. A contralateral mastectomy is the removal of the unaffected breast when someone is diagnosed with unilateral breast cancer.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

None

## POLICY

### Excision

SECUR Health Plan will consider excision of a breast lesion as medically necessary when the following are met:

1. Core needle biopsy or incisional biopsy results indicate any of the following:
  - Atypical hyperplasia or lobular carcinoma in situ (LCIS)
  - Discordance between imaging and core biopsy histology
  - Fibroepithelial lesion
  - Nondiagnostic specimen
  - Papillary lesion
  - Radial scar or complex sclerosing lesion
  - Suspicious interval changes in a lesion previously deemed benign
2. Core needle biopsy or incisional biopsy has not been completed and any of the following are met:
  - Lesion anatomically unsuitable for core needle biopsy or incisional biopsy
  - Member anatomically unsuitable
  - Suspicious nipple discharge without normal breast imaging

### Lumpectomy or Mastectomy, partial or complete

SECUR Health Plan will consider lumpectomy or mastectomy, partial or complete, as medically necessary when any of the following are met:

1. Biopsy proven malignancy
  - Ductal carcinoma in situ (DCIS)
  - Early-stage breast cancer (clinical stage I or II)
  - Invasive lobular cancers and cancers with extensive intraductal component if clear margins can be achieved
  - Tumor, regardless of size, can be excised with clear margins
2. Persistent positive margins of excision (less than 2 mm for DCIS, tumor on ink for invasive cancer with or without DCIS) at same site as previous surgery.
3. In addition to the two above, complete mastectomy is considered medically necessary for any breast cancer unsuitable for breast-conserving surgery.

### Mastectomy for Gynecomastia

SECUR Health Plan will consider mastectomy for gynecomastia medically necessary when the following is met:

1. Physical exam and/or mammography confirms gynecomastia is due to glandular breast tissue, and
2. Supporting documentation shows the gynecomastia is classified as Grade III or IV, and
3. Pain directly related to the breast tissue that significantly impacts activities of daily living and is refractory to a trial of analgesics or anti-inflammatory agents, and any of the following:
  - Gynecomastia persists more than three (3) months after hormonal causes have been excluded by appropriate lab testing, or
  - Gynecomastia persists more than three (3) months despite medical treatment for a known, underlying cause, or
  - Medication-induced gynecomastia persists more than three (3) months following cessation of the drug

## Prophylactic Mastectomy

SECUR Health Plan will consider prophylactic mastectomy, for one or both breasts, as medically necessary when the following is met:

1. Ethnicity associated with higher mutation frequency with one or more first, second, or third degree relatives with breast, ovarian, or pancreatic cancer at any age, or
2. History of radiation therapy to the chest prior to age 30, or
3. Known pathogenic or likely pathogenic variant in breast cancer susceptibility gene proven through genetic testing, or
4. Personal history of multiple primary or bilateral breast cancer, or
5. Presence of atypical hyperplasia of lobular or ductal origin and/or lobular carcinoma in situ (LCIS) confirmed on biopsy with dense, fibronodular breasts that are mammographically or clinically difficult to evaluate, or
6. Documented family history indicating increased lifetime breast cancer risk using a recognized risk assessment tool. A family history of increased lifetime breast cancer risk includes but may not be limited to having first degree relative(s) with breast, ovarian, or prostate cancer or one or more first or second-degree relatives on the same side of the family with multiple types of primary cancer or multiple successive generations of family members with primary breast, fallopian tube, ovarian, pancreatic, peritoneal, and/or prostate cancers.

SECUR Health Plan considers gynecomastia surgery or other breast procedures not mentioned above, when proposed for cosmetic purposes only, as not medically necessary.

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