

2017.1 Procedures Criteria

PATIENT:	Name	DOB	ID#	GROUP#
	Facility		Service Date	
PROVIDER:	Name		Fax#	Phone#
	Signature		Date	NPI/ID#

ICD-10:

CPT®:

Subset: Mastectomy, Prophylactic, Total or Simple^(1, 2, 3, 4)**Requested Service:** Mastectomy, Prophylactic, Total or Simple**Age:**⁽⁵⁾ Age ≥ 18**INSTRUCTIONS:** Choose one of the following options and continue to the appropriate section 10. Woman with invasive breast cancer of contralateral breast⁽⁶⁾ 20. Woman without breast cancer by history⁽⁷⁾ 10. Woman with invasive breast cancer of contralateral breast⁽⁶⁾

There are no questions for the requested service.

 20. Woman without breast cancer by history⁽⁷⁾

1. Choose one:

- A) BRCA1 or BRCA2 gene mutation by genetic testing⁽⁸⁾
- B) Atypical breast hyperplasia by biopsy⁽⁹⁾
- C) Diffuse microcalcifications by imaging
- D) Breast cancer in first degree relative by history⁽¹⁰⁾
- E) Other clinical information (add comment)

- If option A, B or C selected, then the rule is satisfied; you may stop here ⁽¹⁾
- If option D selected, then go to question 2
- No other options lead to the requested service

2. Choose one:⁽¹¹⁾

- A) ≥ 2 first degree relatives with unilateral breast cancer
- B) ≥ 1 first degree relative with bilateral breast cancer
- C) ≥ 1 first degree relative with premenopausal breast cancer
- D) Other clinical information (add comment)

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20. Woman without breast cancer by history (*Continued...*)

- If option A, B or C selected, then the rule is satisfied; you may stop here ⁽¹⁾
 - No other options lead to the requested service
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Notes

(1)

I/O Setting:

Mastectomy, Prophylactic, Total or Simple with Reconstruction - Inpatient

Mastectomy, Prophylactic, Total or Simple without Reconstruction - Outpatient

(2)

Prophylactic mastectomy performed without concurrent reconstruction can be safely performed in the outpatient setting. When prophylactic mastectomy is performed with reconstructive surgery, patients generally require more than 24 hours of postoperative monitoring.

(3)

Def: A total or simple mastectomy involves the removal of nearly all breast tissue with the nipple-areolar complex.

(4)

InterQual® criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. The content is based on a variety of references which are cited at specific criteria points throughout the subset.

(5)

These criteria address adult diagnoses or indications. The diagnoses or indications are not applicable to individuals < 18 and therefore, this content should only be applied to adults.

(6)

There is insufficient evidence to show improved overall survival rates in women who undergo prophylactic mastectomy of the breast contralateral to the diagnosed cancer (Yao et al., *Breast Cancer Res Treat* 2013, 142: 465-76; Lostumbo et al., *Cochrane Database Syst Rev* 2010: CD002748). However, since the remaining breast is at increased risk for the development of cancer, patients report significant reduction in their anxiety levels when undergoing contralateral prophylactic mastectomy.

(7)

Prophylactic mastectomy is one option that may reduce the risk of breast cancer in women who are at high risk for developing the disease. Women at high risk include those with BRCA1 or BRCA2 mutations or a positive family history. Although observational studies have shown risk reduction and improved survival with this surgery in women at high-risk for breast cancer, a Cochrane review concluded that additional prospective studies are needed to confirm these results (National Comprehensive Cancer Network, NCCN Practice Guidelines: Breast Cancer Risk Reduction, 2013; Lostumbo et al., *Cochrane Database Syst Rev* 2010: CD002748).

(8)

Analysis of the BRCA1 and BRCA2 genes can identify an individual's predisposition of developing breast or ovarian cancer. Women with a BRCA1 and BRCA2 gene mutation are also more likely to develop breast cancer at an earlier age. The risk of developing BRCA mutation-associated cancer is not precisely known and varies even among family members who have the same mutation (Petruccioli N, BRCA1 and BRCA2 Hereditary Breast/Ovarian Cancer. 2011 [cited Jan 14 2014]).

(9)

Atypical hyperplasia is a precursor for breast cancer and can increase the risk of developing breast cancer.

(10)

Def: A first degree relative is defined as a blood-related sibling, parent, or child.

(11)

A woman has a four- to six-fold increased risk of developing breast cancer if her 2 sisters had breast cancer or her mother and a sister had unilateral breast cancer. There is a two-fold increase if a mother or sister had the disease. There is an even greater risk when the disease is bilateral (Willey and Cocilovo, *Obstet Gynecol* 2007; 110(6): 1404-1416).

ICD-10-CM (circle all that apply): C50.019, C50.119, C50.219, C50.319, C50.419, C50.519, C50.619, C50.819, C50.919, N60.81, N60.82, N60.89, R92.0, Z12.31, Z15.01, Z40.01, Z80.3, Z80.9, Z85.3, Other_____

ICD-10-PCS (circle all that apply): 0HTT0ZZ, 0HTU0ZZ, 0HTV0ZZ, Other_____

CPT® (circle all that apply): 19303, Other_____