SUBCUTANEOUS MASTECTOMY (SCM)
SUR716.016
POSTED DATE: 6/11/2003
EFFECTIVE DATE: 8/15/2003

COVERAGE:

**Subcutaneous Mastectomy (SCM)** is considered **medically necessary** for chronic mastitis, macrocystic or fibrocystic disease, confirmed by biopsy report, with incapacitating symptoms that have not responded to conservative medical treatment with hormonal and/or anti-hormonal medications, confirmed by progress notes.

SCM is considered **NOT medically necessary** in patients at high-risk or moderately increased risk of breast cancer.

SCM is considered **cosmetic** when done primarily to restore appearance and otherwise not reconstructive.

DESCRIPTION:

**Subcutaneous Mastectomy (SCM)** is designed to remove the majority of glandular tissue while sparing the skin, lymphatic drainage system, and nipple-areola complex. The breast can be reconstructed by creating a submuscular or subcutaneous pocket for an implant.

SCM is indicated for patients with proliferative macrocystic or fibrocystic disease uncontrolled by conservative measures.

RATIONALE:

Simple Mastectomy (SM), also known as Total Mastectomy (TM), is an effective procedure for patients who are candidates for a Prophylactic Mastectomy (PM). This procedure removes nearly all of the breast tissue than a Subcutaneous Mastectomy (SCM). The majority of available data on the efficacy of PM is derived from patients who elected subcutaneous procedures. At issue is whether SM or PM removes sufficient breast tissue to prevent or significantly reduce the likelihood of breast cancer incidence and mortality in the future. The nipple may retain breast tissue when maintained with the areolas in SM and has been associated with tumor in 8-30% of cases of invasive carcinoma. For this reason, and because breast tissue may remain in the axillary tail and on the skin flaps, SM or SM has replaced SCM as the recommended procedure for prophylaxis.

Therefore, SCM is not appropriate for treatment of pre-cancerous conditions since it is difficult to impossible to remove all breast tissue and harbor occult invasive cancerous disease. The only indication for SCM is severe chronic mastitis (macrocystic or fibrocystic disease) in which conservative treatment has failed.

PRICING:

None
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REFERENCE(S):


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.