

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## Prior Authorization Criteria and Coverage Policy for Prophylactic Mastectomies

Effective for dates of service on and after April 1, 2016, prior authorization (PA) criteria for prophylactic mastectomies will be revised. This *ForwardHealth Update* outlines the PA criteria and coverage policy for allowable prophylactic mastectomies.

### Coverage of Prophylactic Mastectomies

ForwardHealth covers prophylactic mastectomies when medically necessary per Wis. Admin. Code § DHS 101.03(96m); however, prior authorization (PA) is required for coverage. Prior authorization requests for a prophylactic mastectomy may be approved when required criteria (outlined in the Prior Authorization Approval Criteria section of this *ForwardHealth Update*) are met.

A prophylactic mastectomy that does not meet the PA approval criteria is considered noncovered. Any claims submitted for a noncovered prophylactic mastectomy will not be reimbursed.

Prophylactic mastectomy is defined as the removal of the breast in the absence of malignant disease to reduce the risk of breast cancer occurrence. Prophylactic mastectomies may be considered for women thought to be at high risk of developing breast cancer.

ForwardHealth recommends that all candidates for prophylactic mastectomy undergo counseling by a health care professional trained in cancer risk assessment (e.g.,

board-certified genetic counselor, cancer nurse). Cancer risk should be assessed through the following:

- A complete family history
- Use of the Gail, Claus, or other risk model
- Discussion of other risk-reducing options, such as increased surveillance or chemoprevention with tamoxifen or raloxifene

### Prior Authorization Approval Criteria for Members Considered High Risk for Breast Cancer *Without* a Diagnosis, or History of a Diagnosis, of Breast Cancer

Effective for dates of service (DOS) on and after April 1, 2016, PA requests for a prophylactic mastectomy for members considered high risk for breast cancer **without** a diagnosis, or history of a diagnosis, of breast cancer may be approved when **one or more** of the following criteria are met:

- There is a presence of a known BRCA1, BRCA2, PTEN, or TP53 mutation.
- The member received radiation therapy to the chest between the ages of 10 and 30 (e.g., for Hodgkin disease).
- The member has a lifetime risk of breast cancer of 20 percent or greater as identified by Gail, Claus, BRCAPRO, BOADICEA, Tyrer-Cuzick models.
- There is a presence of high-risk histology or of extensive mammographic abnormalities.

High-risk histology includes, but is not limited to, atypical ductal or lobular hyperplasia, or lobular carcinoma in situ confirmed on biopsy. In cases of high-risk histology, prophylactic mastectomy may be considered medically necessary, especially if combined with other risk factors (e.g., family history of breast cancer, proof of mammographic or clinical evaluation difficulty).

Extensive mammographic abnormalities include, but are not limited to, diffuse indeterminate microcalcifications or dense tissue that is difficult to evaluate mammographically and clinically, making adequate biopsy impossible. In cases of extensive mammographic abnormalities, prophylactic mastectomy may be considered medically necessary, especially if combined with other evidence of risk factors (e.g., dense, fibronodular breasts, several prior breast biopsies for clinical and/or mammographic abnormalities).

### **Prior Authorization Approval Criteria for Members Considered High Risk for Breast Cancer *with* a Diagnosis, or History of a Diagnosis, of Breast Cancer**

Effective for DOS on and after April 1, 2016, PA requests for a prophylactic mastectomy for members considered high risk for breast cancer **with** a diagnosis, or history of a diagnosis, of breast cancer may be approved when **one or more** of the following criteria are met:

- The member is at high risk for contralateral disease due to any of the criteria listed above for members without a diagnosis, or history of a diagnosis, of breast cancer.
- The member was diagnosed with breast cancer at the age of 45 or younger.
- The member is male and has breast cancer.

Prophylactic mastectomy is considered experimental and investigational for men with BRCA or other gene mutations, or with a family history of breast cancer without diagnosis, or history of a diagnosis, of breast cancer.

### **Prior Authorization Request Submission**

All of the following must be included as part of a PA request for prophylactic mastectomy:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12)
- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*

### **Prior Authorization Submission Methods**

Prior authorization requests may be submitted using any of the following methods:

- **ForwardHealth Portal** — Prior authorization requests may be submitted on the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- **Fax** — Prior authorization requests may be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.
- **Mail** — Prior authorization requests may be mailed to the following address:

ForwardHealth  
Prior Authorization  
Ste 88  
313 Blettner Blvd  
Madison WI 53784

- **278 Health Care Services Review — Request for Review and Response (278) transaction** — The 278 transaction is the standard electronic format for health care service PA requests.

### **Allowable Procedure Codes**

When submitting PA requests or claims for a prophylactic mastectomy, providers are required to include one of the following allowable *Current Procedural Terminology* procedure codes as appropriate:

- 19303 (Mastectomy, simple, complete)
- 19304 (Mastectomy, subcutaneous)

## Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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This *Update* was issued on 03/03/2016 and information contained in this *Update* was incorporated into the Online Handbook on 04/01/2016.