

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.076.MH
Last Review Date: 11/03/2016
Effective Date: 01/01/2017

MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Prophylactic Bilateral Salpingo-Oophorectomy (PBSO)** medically necessary for the following indications:

1. PBSO is considered medically necessary for select women at high risk of inherited ovarian cancer when the member meets one of the following:
 - a) The member has a positive BRCA1 or BRCA 2 genetic test (refer to PA-055 Molecular Susceptibility Testing for Breast and Ovarian Cancer)
 - b) There is a first degree family history of ovarian cancer or breast cancer (e.g., parent, child, sibling)
 - c) There are two or more second degree relatives with history of ovarian cancer or breast cancer
 - d) Member with estrogen receptor positive breast cancer as adjuvant therapy
2. PBSO shall be considered for coverage in HNPCC when a prophylactic hysterectomy is performed in these cases

The decision to perform PBSO should not be based only on age; it should be a highly individualized decision that takes into account several patient factors and choices. Hormone replacement therapy could be considered for women undergoing PBSO and patients should be counseled about the risks and benefits of hormone replacement therapy prior to undergoing surgery.

For women with BRCA1 mutations, risk-reducing PBSO should be offered after the completion of childbearing and only deferred beyond the early 40s following a careful discussion of the risk and benefits.

In individuals with a personal or family history suggestive of an inherited predisposition to breast and ovarian cancer who have not had genetic testing or who have undergone genetic testing and have not had a deleterious BRCA1 or BRCA2 mutation identified, less information is available regarding the relative risks and benefits of PBSO. These individuals are best managed by a multidisciplinary team of gynecologists, gynecologic

MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

Policy Number: MP.076.MH
Last Review Date: 11/03/2016
Effective Date: 01/01/2017

oncologists, and geneticists experienced in the care of women at inherited risk for cancer.

Limitations

1. Genetic testing of a non-covered family member of the member for the sole purpose of obtaining non-related genetic information is not covered
2. Occasionally, blood or tissue samples from other non-covered family members are required to provide the medical information necessary for the proper medical care of a member. Molecular-based testing for BRCA and other specific heritable disorders in non-members is **covered** when **all** of the following conditions are met:
 - The information is needed to adequately assess risk in the member
And
 - The information will be used in the immediate care plan of the member
And
 - The non-covered family member's benefit plan (if any) will not cover the test and the denial is based on specific plan exclusion

See Also:

PA.055.MH Molecular Susceptibility Testing for Breast and Ovarian Cancer

Background

Prophylactic bilateral oophorectomy is a surgical procedure that removes both ovaries. The goal of this surgery is to reduce the risk of ovarian, fallopian tube, and peritoneal cancers, particularly for those women who are at high risk. This procedure can be done at the same time as the removal of the fallopian tubes during a hysterectomy. Risk factors can include family history of breast or ovarian cancer and/or the presence of mutations in the BRCA1/2 gene.

Approximately 5-10% of all inherited cases of breast and ovarian cancers are associated with mutations in the BRCA1/2 genes. According to the American College of Obstetricians and Gynecologists (ACOG), ovarian cancer has the highest mortality rate out of all types of gynecologic cancer and is the 5th leading cause of cancer deaths among women.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	

MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

Policy Number: MP.076.MH
 Last Review Date: 11/03/2016
 Effective Date: 01/01/2017

58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral.
ICD-9 codes covered if selection criteria are met:	
183.0	Malignant neoplasm of the ovary and other uterine adenexa
183.2	Malignant neoplasm of the fallopian tube
183.3	Malignant neoplasm of the broad ligament
183.4	Malignant neoplasm of the parametrium
183.5	Malignant neoplasm of the round ligament
183.8	Malignant neoplasm of other specific sites of uterine adenexa
183.9	Malignant neoplasm of uterine adenexa, unspecified
198.6	Secondary malignant neoplasm of the ovary
220	Benign neoplasm of ovary
236.2	Neoplasms of uncertain behavior of ovary
620.0	Non-inflammatory disorders, follicular cyst of ovary
620.1	Non-inflammatory disorders, corpus luteum cyst or hematoma
620.2	Non-inflammatory disorders, other and unspecified ovarian cyst
620.3	Non-inflammatory disorders, acquired atrophy of ovary and fallopian tube
620.4	Non-inflammatory disorders, prolapse or hernia of ovary and fallopian tube
620.5	Non-inflammatory disorders, torsion of ovary, ovarian pedicle, or fallopian tube
620.6	Non-inflammatory disorders, broad ligament laceration syndrome
620.7	Non-inflammatory disorders, hematoma of broad ligament
620.8	Non-inflammatory disorders, other non-inflammatory disorders of ovary, fallopian tube, and broad ligament.
620.9	Non-inflammatory disorders, unspecified non-inflammatory disorder of ovary, fallopian tube, and broad ligament.
625.8	Other specified symptom associated with female genital organs
625.9	Unspecified symptom associated with female genital organs
633.80	Other ectopic pregnancy without intrauterine pregnancy

MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

Policy Number: MP.076.MH

Last Review Date: 11/03/2016

Effective Date: 01/01/2017

633.81	Other ectopic pregnancy with intrauterine pregnancy
633.90	Unspecified ectopic pregnancy without intrauterine pregnancy
633.91	Unspecified pregnancy with intrauterine pregnancy
761.4	Ectopic pregnancy
V50.42	Prophylactic organ removal, ovary
V50.49	Prophylactic organ removal, other
V84.09	Genetic susceptibility to other malignant neoplasm
ICD-10 codes covered if selection criteria are met:	
C56.1-C56.9	Malignant neoplasm of ovary
C57.00-C57.02	Malignant neoplasm of fallopian tube
C57.10-C57.12	Malignant neoplasm of broad ligament
C57.20-C57.22	Malignant neoplasm of round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7-C57.9	Malignant neoplasm of other specified female genital organs, overlapping sites of female genital organs, and female genital organs unspecified
C79.60-C79.62	Secondary malignant neoplasm of ovary
D27.0-D27.9	Benign neoplasm of ovary
D39.10-D39.12	Neoplasm of uncertain behavior or unspecified ovary
N83.0-N83.9	Non-inflammatory disorders of ovary, fallopian tube, and broad ligament
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
O00.0-O00.9	Ectopic pregnancy and other ectopic pregnancy
P01.4	Newborn (suspected to be) affected by ectopic pregnancy
Z40.00	Encounter for prophylactic removal of unspecified organ
Z40.02	Encounter for prophylactic removal of ovary
Z40.09	Encounter for prophylactic removal of other organ

References

1. American College of Obstetricians and Gynecologists (ACOG). Committee on Gynecologic Practice: Committee Opinion: The Role of the Obstetrician-

MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

Policy Number: MP.076.MH

Last Review Date: 11/03/2016

Effective Date: 01/01/2017

Gynecologist in the Early Detection of Epithelial Ovarian Cancer. No. 477, March 2011.

http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/The_Role_of_the_Obstetrician_Gynecologist_in_the_Early_Detection_of_Epithelial_Ovarian_Cancer

2. American College of Obstetricians and Gynecologists (ACOG). Committee on Gynecologic Practice. Committee Opinion: Salpingectomy for Ovarian Cancer Prevention. No. 620, January 2015.
3. American Society of Breast Surgeons. Position Statement on BRCA Genetic Testing for Patients with and without Breast Cancer. September 30, 2012. https://www.breastsurgeons.org/statements/PDF_Statements/BRCA_Testing.pdf
4. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). National Guideline Clearinghouse (NGC). Elective and risk-reducing salpingo-oophorectomy. NGC No. 6287. Last Updated: March 7, 2014. <http://www.guideline.gov/content.aspx?id=12190&search=prophylactic+salpingo-oophorectomy>
5. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). National Guideline Clearinghouse (NGC). Risk reduction and surveillance strategies for individuals at high genetic risk for breast and ovarian cancer. NGC No. 9400. Last Updated: Feb. 5, 2013. <http://www.guideline.gov/content.aspx?id=38601&search=prophylactic+salpingo-oophorectomy>
6. Domchek SM, Friebel TM, Singer CF, et al. Association of risk-reducing surgery in BRCA1 or BRCA2 mutation carriers with cancer risk and mortality. JAMA 2010 Sep 1;304(9):967-75. doi: 10.1001/jama.2010.1237. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2948529/pdf/ukmss-31697.pdf>
7. Hayes Summary. Prophylactic Salpingectomy for Prevention of Ovarian Cancer. April 30, 2015.
8. Hayes Medical Technology Directory. Prophylactic Oophorectomy for the Prevention of Ovarian Cancer. Annual review December 9, 2014.
9. Rebbeck TR, Kauff NK, Domchek SM. Meta-analysis of risk reduction estimates associated with risk-reducing salpingo-oophorectomy in BRCA1 or BRCA 2 mutation carriers. J Natl Cancer Inst. 2009 Jan; 101(2): 80-87. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2639318/pdf/djn442.pdf>
10. Schmeler KM, Sun CC, Bodurka DC, et al. : Prophylactic bilateral Salpingo-Oophorectomy compared with surveillance in women with BRCA mutations. Obstet Gynecol. 2006 Sep;108(3 Pt 1):515-520. <http://www.ncbi.nlm.nih.gov/pubmed/16946209>
11. Society of Gynecologic Oncologists Clinical Practice Committee Statement on Prophylactic Salpingo-Oophorectomy. Gynecol Oncol. 2005; 98(2): 179-181.

MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

Policy Number: MP.076.MH

Last Review Date: 11/03/2016

Effective Date: 01/01/2017

[http://www.download.thelancet.com/journals/lanonc/article/PIIS1470-2045\(06\)70589-7/fulltext](http://www.download.thelancet.com/journals/lanonc/article/PIIS1470-2045(06)70589-7/fulltext)

12. U.S. Preventive Services Task Force. Final Recommendation Statement: BRCA-related Cancer: Risk Assessment, Genetic Counseling and Genetic Testing, December 2013

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.