

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.076.MH
Last Review Date: 11/12/2015
Effective Date: 01/01/2016
Renewal 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:

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

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

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- d) Member with estrogen receptor positive breast cancer as adjuvant therapy
2. PBSO shall be considered for coverage in HNPPC when a prophylactic hysterectomy is performed in these cases

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

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Code	Description
CPT Codes	
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

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625.9	Unspecified symptom associated with female genital organs
633.80	Other ectopic pregnancy without intrauterine pregnancy
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

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