

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.076.MH  
Last Review Date: 08/15/2019  
Effective Date: 10/01/2019

### MP.076.MH – Prophylactic Bilateral Salpingo-Oophorectomy

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ 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) or has been diagnosed with a hereditary ovarian cancer syndrome based on a family pedigree constructed by a provider competent to determine the presence of an autosomal dominant inheritance pattern; OR
  - b. There are two first degree relatives (i.e., parent, sibling or child of the individual) with a history of epithelial ovarian cancer or breast cancer OR
  - c. There is one first degree relative and one or more second degree relatives with epithelial ovarian cancer OR
  - d. The member has a personal history of breast cancer and at least one first degree relative with epithelial ovarian cancer OR
  - e. There are two or more second degree relatives with history of ovarian cancer or breast cancer; OR
  - f. The member has a personal history of estrogen receptor positive, premenopausal breast cancer
2. PBSO shall be considered for coverage in HNPPC 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

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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.

### 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.

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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 5<sup>th</sup> leading cause of cancer deaths among women.

### Definitions

First-degree relative	Parent, sibling or child of an individual
Second-degree relative	Grandparent, aunt, uncle, half-sibling, niece, nephew or grandchild of an individual
Third degree relative	Great-grandparent, great-uncle, great-aunt, first cousin, grand-niece, grand-nephew, or great-grandchild of an individual
Breast cancer	Invasive breast cancer or ductal carcinoma in situ
Ovarian cancer	Epithelial ovarian cancer

### Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral.
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

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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

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2. American College of Obstetricians and Gynecologists (ACOG). Committee on Gynecologic Practice. Committee Opinion: Salpingectomy for Ovarian Cancer Prevention. No. 774, March 26, 2019. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Opportunistic-Salpingectomy-as-a-Strategy-for-Epithelial-Ovarian-Cancer-Prevention?IsMobileSet=false>
3. Nurse Practitioners in Women's Health. Position Statement on Hereditary Breast and Ovarian Cancer Risk Assessment. April 2017. [https://www.npwh.org/lms/filebrowser/file?fileName=NPWH%20HBOC%20Position%20Statement%20BOD%20approved%204.17%20\(2\).pdf](https://www.npwh.org/lms/filebrowser/file?fileName=NPWH%20HBOC%20Position%20Statement%20BOD%20approved%204.17%20(2).pdf)
4. 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:

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  9. 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>
  10. Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer: Systematic Review to Update the U.S. Preventive Services Task Force Recommendation <https://www.ncbi.nlm.nih.gov/books/NBK179204/>
  11. NCI Dictionary of Genetics Terms <https://www.cancer.gov/publications/dictionaries/genetics-dictionary?cdrid=460150>
  12. Definitions specific to the Genetic Information Nondiscrimination Act of 2008 [29 CFR 1635.3] <https://www.gpo.gov/fdsys/pkg/CFR-2011-title29-vol4/xml/CFR-2011-title29-vol4-part1635.xml>

### 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.

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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.

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