



PROPHYLACTIC CANCER RISK REDUCTION SURGERY

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Status: Current

I. POLICY/CRITERIA

Prophylactic surgery for cancer risk reduction is a covered benefit when pre-authorized and determined to be medically necessary as indicated below.

A. Prophylactic Simple Mastectomy is a covered benefit when any ONE of the following criteria is met (adapted from the National Comprehensive Cancer Network Clinical Practice Guidelines on Genetic/Familial High-Risk Assessment: Breast and Ovarian, Version 1.2006 and the Society for Surgical Oncology position statement on prophylactic mastectomy, rev. 2001):

1. Bilateral prophylactic mastectomy in women with no personal history of breast cancer AND at least one of the following:
 - a. patients with known breast cancer pre-disposition (BRCA1 or BRCA2 or other strongly predisposing breast cancer susceptibility gene) deleterious mutation confirmed by genetic testing (See Genetics: Counseling, Testing, and Screening Policy # 91540); or
 - b. The patient has atypical hyperplasia on biopsy as confirmed by a pathologist and is not interested in chemoprevention with SERMS (selective estrogen receptor modulators, i.e. tamoxifen and raloxifene).
 - c. A family history of any of following:
 1. Two or more first-degree relatives on the same side of the family with breast cancer, at least one of whom received the diagnosis at age 50 years or younger;*
 2. One first- degree relative with breast cancer and **one** of the following*:
 - Two or more second-degree and / or third-degree relatives with breast cancer at least one of whom was diagnosed at age 50 your younger; or
 - The diagnosis was before the age of 45 and one other relative with breast cancer at any age or
 - One or more relatives with ovarian cancer; or
 - The first degree relative has bilateral breast cancer



3. Two or more second degree relatives on the same side of the family with*:
 - One with breast cancer and one with ovarian cancer
 - ovarian cancer

**Indications 1, 2 and 3 require evaluation of overall risk and discussion of the risks and benefits of all surgical and non-surgical options for risk reduction.*

- d. Women with large, ptotic, dense, or disproportionally sized breasts that are difficult to evaluate mammographically.
 - e. A history of diffuse calcifications and multiple biopsies resulting in difficulty performing or interpreting diagnostic breast exams.
2. Contralateral or bilateral prophylactic mastectomy with personal history of breast cancer and one of the following indications:
 - a. It is the opinion of the surgeon and preference of the patient that in order to achieve symmetry that bilateral mastectomy would produce the best outcome; or
 - b. A family history of any of following:
 1. Two or more first-degree relatives on the same side of the family with breast cancer, at least one of whom received the diagnosis at age 50 years or younger;*
 2. One first- degree relative with breast cancer and **one** of the following*:
 - Two or more second-degree and / or third-degree relatives with breast cancer at least one of whom was diagnosed at age 50 or younger; or
 - The diagnosis was before the age of 45 and one other relative with breast cancer at any age or
 - One or more relatives with ovarian cancer; or
 - The first degree relative has bilateral breast cancer
 3. Two or more second degree relatives on the same side of the family with*:
 - One with breast cancer and one with ovarian cancer
 - ovarian cancer

**Indications 1, 2 and 3 require evaluation of overall risk and discussion of the risks and benefits of all surgical and non-surgical options for risk reduction.*



- c. Women with multiple primary breast cancers in the sentinel breast.
- d. Women diagnosed with invasive breast cancer at age 45 years of age or younger.
- e. Women who are confirmed BRCA 1 or BRCA 2 mutation carriers. (See Genetics: Counseling, Testing, and Screening Policy #91540)
- f. Women with, lobular carcinoma in situ or atypical hyperplasia in the ipsilateral breast.
- g. Women with invasive lobular carcinoma of the ipsilateral breast.
- h. A history of diffuse calcifications and multiple biopsies resulting in difficulty performing or interpreting diagnostic breast exams.

Covered treatment options are simple mastectomy and simple mastectomy with reconstruction (breast implant).

B. Prophylactic oophorectomy is a covered benefit when the at least one of following criteria is met:

- 1. Patients who have been determined to be a member of a family with a hereditary ovarian cancer syndrome based on a family pedigree constructed by a genetic counselor or physician competent in determining the presence of an autosomal dominant inheritance pattern in which genetic testing is either not available or uninformative.
- 2. Patients with a BRCA mutation; or an mutation associated with hereditary nonpolyposis colorectal cancer syndrome (HNPCC)
- 3. Patients with a history of breast cancer, which is estrogen receptor (ER) positive, and who are premenopausal.
- 4. Patients with a personal history of breast cancer and at least one first degree relative (e.g., mother, sister, daughter) with history of ovarian cancer; or
- 5. Patients with one first degree relative (e.g., mother, sister, daughter) and one or more second degree relatives (e.g., maternal or paternal aunt, grandmother, niece) with ovarian cancer.

C. Prophylactic Hysterectomy is a covered benefit when at least one of the following criteria is met:

- 1. Patients with known hereditary nonpolyposis colon cancer (HNPCC) who have completed childbearing.



- 2. Patients with an HNPCC associated mutation that have completed childbearing.

D. Prophylactic Thyroidectomy is a covered benefit when the following criteria is met: Individual whose genetic testing is positive for a RET proto-oncogene mutations associated with Multiple Endocrine Neoplasia syndromes (MEN II A and MEN II B).

II. MEDICAL NECESSITY REVIEW

- Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

IV. DESCRIPTION

Prophylactic Cancer Risk Reduction Surgery

- Includes: Prophylactic Mastectomy
 Prophylactic Oophorectomy
 Prophylactic Hysterectomy
 Prophylactic Thyroidectomy

**V. CODING INFORMATION****A. Mastectomy****ICD-9 Codes that may support medical necessity**

V10.3	Personal history of malignant neoplasm of breast
V10.40	Personal history of malignant neoplasm, Female genital organ, unspecified
V10.43	Personal history of malignant neoplasm, ovary
V16.3	Family history of malignant neoplasm of breast
V16.40	Family history of malignant neoplasm, genital organ, unspecified
V16.8	Family history of other specified malignant neoplasm
V16.9	Family history of unspecified malignant neoplasm
V50.41	Prophylactic breast removal
V50.49	Other prophylactic organ removal
V50.8	Other elective surgery for purposes other than remedying health states
V50.9	Unspecified elective surgery for purposes other than remedying health states
V84.01	Genetic susceptibility to malignant neoplasm of breast
V84.09	Genetic susceptibility to other malignant neoplasm

CPT/HCPCS Codes:

19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous

B. Oophorectomy**ICD-9 Codes that may support medical necessity**

V10.3	Personal history of malignant neoplasm of breast
V10.40	Personal history of malignant neoplasm, Female genital organ, unspecified
V10.41	Personal history of malignant neoplasm, Cervix uteri
V10.42	Personal history of malignant neoplasm, Other parts of uterus
V10.43	Personal History of malignant neoplasm, ovary
V10.44	Personal history of malignant neoplasm, other female genital organs
V12.72	Personal history of colonic polyps
V16.0	Family history of malignant neoplasm of gastrointestinal tract
V16.3	Family History of Malignant Neoplasm of Breast
V16.40	Family history of malignant neoplasm, genital organ, unspecified
V16.41	Family History of Malignant Neoplasm of Ovary
V16.8	Family history of other specified malignant neoplasm
V16.9	Family history of unspecified malignant neoplasm
V18.51	Family history, Colonic polyps
V50.41	Prophylactic Breast Removal
V50.42	Prophylactic Ovary Removal
V50.49	Other Prophylactic Organ Removal
V50.8	Other elective surgery for purposes other than remedying health states
V50.9	Unspecified elective surgery for purposes other than remedying health states
V84.01	Genetic susceptibility to malignant neoplasm of breast
V84.02	Genetic susceptibility to malignant neoplasm of ovary
V84.04	Genetic susceptibility to malignant neoplasm of endometrium
V84.09	Genetic susceptibility to other malignant neoplasm

**CPT/HCPCS Codes:**

- 58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
- 58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
- 58940 Oophorectomy, partial or total, unilateral or bilateral;

C. Hysterectomy**ICD-9 Codes that may support medical necessity**

- V10.3 Personal history of malignant neoplasm of breast
- V10.40 Personal history of malignant neoplasm, Female genital organ, unspecified
- V10.41 Personal history of malignant neoplasm, Cervix uteri
- V10.42 Personal history of malignant neoplasm, Other parts of uterus
- V10.43 Personal History of malignant neoplasm, ovary
- V10.44 Personal history of malignant neoplasm, other female genital organs
- V12.72 Personal history of colonic polyps
- V16.0 Family history of malignant neoplasm of gastrointestinal tract
- V16.3 Family History of Malignant Neoplasm of Breast
- V16.40 Family history of malignant neoplasm, genital organ, unspecified
- V16.41 Family History of Malignant Neoplasm of Ovary
- V16.8 Family history of other specified malignant neoplasm
- V16.9 Family history of unspecified malignant neoplasm
- V18.51 Family history, Colonic polyps
- V50.41 Prophylactic Breast Removal
- V50.42 Prophylactic Ovary Removal
- V50.49 Other Prophylactic Organ Removal
- V50.8 Other elective surgery for purposes other than remedying health states
- V50.9 Unspecified elective surgery for purposes other than remedying health states
- V84.01 Genetic susceptibility to malignant neoplasm of breast
- V84.02 Genetic susceptibility to malignant neoplasm of ovary
- V84.04 Genetic susceptibility to malignant neoplasm of endometrium
- V84.09 Genetic susceptibility to other malignant neoplasm

CPT/HCPCS Codes:

- 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
- 58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
- 58260 Vaginal hysterectomy, for uterus 250 grams or less;
- 58262 Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
- 58263 Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
- 58290 Vaginal hysterectomy, for uterus greater than 250 grams;
- 58291 Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
- 58292 Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele
- 58294 Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele



- 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
- 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
- 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- 58550 Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
- 58552 Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
- 58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;
- 58554 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
- 58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
- 58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- 58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
- 58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

D. Thyroidectomy

ICD-9 Codes that may support medical necessity

- V10.87 Personal history of malignant neoplasm of thyroid
- V16.8 Family history of other specified malignant neoplasm
- V16.9 Family history of unspecified malignant neoplasm
- V50.49 Other Prophylactic Organ Removal
- V50.8 Other elective surgery for purposes other than remedying health states
- V50.9 Unspecified elective surgery for purposes other than remedying health states
- V84.09 Genetic susceptibility to other malignant neoplasm
- V84.81 Genetic susceptibility to multiple endocrine neoplasia [MEN]

CPT/HCPCS Codes

- 60210 Partial thyroid lobectomy, unilateral; with or without isthmusectomy
- 60212 Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
- 60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy
- 60225 Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
- 60240 Thyroidectomy, total or complete
- 60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
- 60254 Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
- 60260 Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
- 60270 Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
- 60271 Thyroidectomy, including substernal thyroid; cervical approach

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