

PROPHYLACTIC CANCER RISK REDUCTION SURGERY

Effective Date: May 14, 2020

Review Dates: 8/05, 4/06, 2/07, 7/07, 2/08, 10/08,
2/09, 2/10, 2/11, 2/12, 2/13, 2/14, 2/15, 2/16, 2/17,
2/18, 2/19, 2/20, 8/20, 8/21, 8/22, 8/23, 8/24

Date Of Origin: 8/10/2005

Status: Current

Summary of Changes

Clarification:

- Removed gender binary terms where applicable.
- Reorganized in alphabetical order.

I. POLICY/CRITERIA

Prophylactic surgery for cancer risk reduction is medically necessary as indicated below.

- A. **Prophylactic total gastrectomy** for hereditary diffuse gastric cancer is medically necessary for members with known mutations in the *CDH1* gene and a positive family history of gastric cancer under the age of 50.
- B. **Prophylactic hysterectomy** is medically necessary 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.
- C. **Prophylactic simple mastectomy** is medically necessary when any ONE of the following criteria is met:
1. **Bilateral prophylactic mastectomy** in member with no personal history of breast cancer AND at least one of the following:
 - a. Member 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 medical policy #91540*); or
 - b. The member has atypical hyperplasia on biopsy as confirmed by a pathologist and is not interested in chemoprevention with selective estrogen receptor modulators (SERMS), i.e., tamoxifen and raloxifene; or
 - 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 years 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.*

- 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 member that in order to achieve symmetry that bilateral mastectomy would produce the best outcome; or
 - b. The member has 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. Member with multiple primary breast cancers in the sentinel breast.
- d. Member diagnosed with invasive breast cancer at age 45 years of age or younger.
- e. Member who are confirmed *BRCA 1* or *BRCA 2* mutation carriers. (See Genetics: Counseling, Testing, and Screening Policy #91540)
- f. Member with lobular carcinoma in situ or atypical hyperplasia in the ipsilateral breast.
- g. Member 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).

D. Prophylactic oophorectomy is medically necessary when at least one of following criteria is met:

1. Member who has 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. Member with a *BRCA* mutation; or a mutation associated with hereditary nonpolyposis colorectal cancer syndrome (HNPCC)
3. Member with a history of breast cancer, which is estrogen receptor (ER) positive, and who are premenopausal.

4. Member 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. Member 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.
- E. **Prophylactic salpingo-oophorectomy** is medically necessary when indications in the National Comprehensive Cancer Network (NCCN) Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian are met.
- F. **Prophylactic thyroidectomy**: See *Thyroid-Related Procedures (#91621)*

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

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) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN**: *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the*

Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Prophylactic Cancer Risk Reduction Surgery Includes:

- Prophylactic Hysterectomy
- Prophylactic Mastectomy
- Prophylactic Oophorectomy
- Prophylactic Salpingo-oophorectomy
- Prophylactic Thyroidectomy See *Thyroid-Related Procedures (#91621)*
- Prophylactic Total Gastrectomy

V. CODING INFORMATION

A. Mastectomy

ICD-10 Codes that apply:

- Z15.01 Genetic susceptibility to malignant neoplasm of breast
- Z15.02 Genetic susceptibility to malignant neoplasm of ovary
- Z15.09 Genetic susceptibility to other malignant neoplasm
- Z40.01 Encounter for prophylactic removal of breast
- Z40.09 Encounter for prophylactic removal of other organ
- Z40.8 Encounter for other prophylactic surgery
- Z41.8 Encounter for other procedures for purposes other than remedying health state
- Z41.9 Encounter for procedure for purposes other than remedying health state, unspecified
- Z80.3 Family history of malignant neoplasm of breast
- Z80.41 Family history of malignant neoplasm of ovary
- Z80.49 Family history of malignant neoplasm of other genital organs
- Z80.8 Family history of malignant neoplasm of other organs or systems
- Z80.9 Family history of malignant neoplasm, unspecified
- Z85.3 Personal history of malignant neoplasm of breast
- Z85.40 Personal history of malignant neoplasm of unspecified female genital organ
- Z85.43 Personal history of malignant neoplasm of ovary

CPT/HCPCS Codes:

- 19303 Mastectomy, simple, complete

B. Oophorectomy

ICD-10 Codes that apply:

- Z15.01 Genetic susceptibility to malignant neoplasm of breast
- Z15.02 Genetic susceptibility to malignant neoplasm of ovary
- Z15.09 Genetic susceptibility to other malignant neoplasm
- Z40.02 Encounter for prophylactic removal of ovary
- Z40.03 Encounter for prophylactic removal of fallopian tube(s)
- Z40.09 Encounter for prophylactic removal of other organ
- Z40.8 Encounter for other prophylactic surgery

- Z41.8 Encounter for other procedures for purposes other than remedying health state
- Z41.9 Encounter for procedure for purposes other than remedying health state, unspecified
- Z80.0 Family history of malignant neoplasm of digestive organs
- Z80.3 Family history of malignant neoplasm of breast
- Z80.41 Family history of malignant neoplasm of ovary
- Z80.49 Family history of malignant neoplasm of other genital organs
- Z80.8 Family history of malignant neoplasm of other organs or systems
- Z80.9 Family history of malignant neoplasm, unspecified
- Z83.71 Family history of colonic polyps
- Z85.3 Personal history of malignant neoplasm of breast
- Z85.40 Personal history of malignant neoplasm of unspecified female genital organ
- Z85.43 Personal history of malignant neoplasm of ovary
- Z85.44 Personal history of malignant neoplasm of other female genital organs
- Z86.010 Personal history of colonic polyps

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. Gastrectomy**ICD-10 Codes that apply:**

- Z15.09 Genetic susceptibility to other malignant neoplasm
- Z40.09 Encounter for prophylactic removal of other organ
- Z40.8 Encounter for other prophylactic surgery
- Z41.8 Encounter for other procedures for purposes other than remedying health state
- Z41.9 Encounter for procedure for purposes other than remedying health state, unspecified
- Z80.0 Family history of malignant neoplasm of digestive organs

CPT/HCPCS Codes:

- 43620 Gastrectomy, total; with esophagoenterostomy
- 43621 Gastrectomy, total; with Roux-en-Y reconstruction
- 43622 Gastrectomy, total; with formation of intestinal pouch, any type

D. Hysterectomy**ICD-10 Codes that apply:**

- Z15.04 Genetic susceptibility to malignant neoplasm of endometrium
- Z15.09 Genetic susceptibility to other malignant neoplasm
- Z40.09 Encounter for prophylactic removal of other organ
- Z41.8 Encounter for other procedures for purposes other than remedying health state
- Z80.0 Family history of malignant neoplasm of digestive organs
- Z80.8 Family history of malignant neoplasm of other organs or systems

- Z83.71 Family history of colonic polyps
Z86.010 Personal history of colonic polyps

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)
58200 Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, 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)
58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
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)

VI. REFERENCES

1. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin No 182: Hereditary Breast and Ovarian Cancer Syndrome. *Obstet Gynecol.* 2017 Sep;130(3):e110-e126. PMID: 28832484.
2. American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 774: Opportunistic Salpingectomy as a Strategy for Epithelial Ovarian Cancer Prevention. *Obstet Gynecol.* 2019 Apr;133(4):e279-e284.
3. Casey MJ, Synder C, Bewtra C, Narod SA, Watson P, Lynch HT Intra-abdominal carcinomatosis after prophylactic oophorectomy in women of hereditary breast ovarian cancer syndrome kindreds associated with BRCA1 and BRCA2 mutations *Gynecol Oncol.* 2005 May; 97(2):457-67.
4. Chung L, Broaddus R, Crozier M, Luthraa R, Levenback C, & Lu K. Unexpected Endometrial Cancer at Prophylactic Hysterectomy in a Woman With Hereditary Nonpolyposis Colon Cancer, *Obstet. Gynecol.*, Nov 2003; 102: 1152 - 1155.
5. Eisen A; Rebbeck TR; Wood WC; Weber BL Prophylactic surgery in women with a hereditary predisposition to breast and ovarian cancer. *J Clin Oncol* 2000 May; 18(9):1980-95.
6. Grann VR, Jacobson JS, Whang W, Hershman D, Heitjan DF, Antman KH, Neugut AI. Prevention with tamoxifen or other hormones versus prophylactic surgery in BRCA1/2-positive women: a decision analysis. *Cancer J Sci Am.* 2000 Jan-Feb; 6(1):13-20.
7. Giuliano AE, Boolbol S, Degnim A, Kuerer H, Leitch AM, Morrow M. Society of Surgical Oncology: position statement on prophylactic mastectomy. Approved by the Society of Surgical Oncology Executive Council, March 2007. *Ann Surg Oncol.* 2007 Sep;14(9):2425-7. Epub 2007 Jun 28. PMID: 17597344.
8. Hartmann LC, Schaid DJ, Woods JE, Crotty TP, Myers JL, Arnold PG, Petty PM, Sellers TA, Johnson JL, McDonnell SK, Frost MH, Jenkins RB Efficacy of bilateral prophylactic mastectomy in women with a family history of breast cancer. *N Engl J Med.* 1999 Jan 14; 340(2):77-84.
9. Hughes KS, Papa MZ, Whitney T, McLellan R. Prophylactic mastectomy and inherited predisposition to breast carcinoma. *Cancer.* 1999 Dec 1; 86(11 Suppl):2502-16.
10. Hunt KK, Euhus DM, Boughey JC, Chagpar AB, Feldman SM, Hansen NM, Kulkarni SA, McCready DR, Mamounas EP, Wilke LG, Van Zee KJ, Morrow M. Society of Surgical Oncology Breast Disease Working Group Statement on Prophylactic (Risk-Reducing) Mastectomy. *Ann Surg Oncol.* 2017 Feb;24(2):375-397. Epub 2016 Dec 8. PMID: 27933411.
11. King TA, Sakr R, Patil S, et al. Clinical management factors contribute to the decision for contralateral prophylactic mastectomy. *J Clin Oncol.* 2011; 29:2158-2164.

12. Kuschel B, Lux MP, Goecke TO, Beckmann MW. Prevention and therapy for BRCA1/2 mutation carriers and women at high risk for breast and ovarian cancer. *Eur J Cancer Prev.* 2000 Jun; 9(3):139-50.
13. Lachiewicz MP, Kravochuck SE, O'Malley MM, Heald B, Church JM, Kalady MF, Drake RD. Prevalence of occult gynecologic malignancy at the time of risk reducing and nonprophylactic surgery in patients with Lynch syndrome. *Gynecol Oncol.* 2014 Feb;132(2):434-7. doi: 10.1016/j.ygyno.2013.10.033. Epub 2013 Nov 5. PMID: 24211399.
14. Meeuwissen PA, Seynaeve C, Brekelmans CT, Meijers-Heijboer HJ, Klijn JG, Burger CW Outcome of surveillance and prophylactic salpingo-oophorectomy in asymptomatic women at high risk for ovarian cancer. *Gynecol Oncol.* 2005 May; 97(2):476-82.
15. National Comprehensive Cancer Network (NCCN) Guidelines. Breast Cancer Version 4, 2023. March 23, 2023.
16. National Comprehensive Cancer Network (NCCN) Guidelines. Gastric Cancer. Version 1, 2023, March 10, 2023.
17. National Comprehensive Cancer Network (NCCN) Guidelines. Genetic/Familial High-Risk Assessment Breast, Ovarian, and Pancreatic. Version 3.2023, Feb 13, 2023.
18. National Comprehensive Cancer Network (NCCN) Guidelines. Genetic/Familial High-Risk Assessment: Colorectal (V.2.2021), April 26, 2022.
19. National Comprehensive Cancer Network (NCCN) Guidelines. Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Version 2.2023. June 2, 2023.
20. Newman LA; Kuerer HM; Hung KK; Vlastos G; Ames FC; Ross MI; Singletary SE. Prophylactic mastectomy. *J Am Coll Surg.* 2000 Sep; 191(3):322-30.
21. Powell CB. Clinical management of patients at inherited risk for gynecologic cancer. *Curr Opin Obstet Gynecol.* 2015 Feb;27(1):14-22. doi: 10.1097/GCO.0000000000000143. PMID: 25490378.
22. Rebbeck TR, Lynch HT, Neuhausen SL, Narod SA, Van't Veer L, Garber JE, Evans G, Isaacs C, Daly MB, Matloff E, Olopade OI, Weber BL; Prevention and Observation of Surgical End Points Study Group. Prophylactic oophorectomy in carriers of BRCA1 or BRCA2 mutations *N Engl J Med.* 2002 May 23; 346(21):1616-22. Epub 2002 May 20.
23. Robertson G Screening for endometrial cancer. *Med J Aust.* 2003 Jun 16; 178(12):657-9.
24. Sakorafas GH, Tsiotou AG. Prophylactic mastectomy; evolving perspectives. *Eur J Cancer.* 2000 Mar; 36(5):567-78.
25. Society of Gynecologic Oncology (SGO). SGO Clinical Practice Statement: Salpingectomy for Ovarian Cancer Prevention. Available at <https://www.sgo.org/clinical-practice/guidelines/sgo-clinical-practice-statement-salpingectomy-for-ovarian-cancer-prevention/> (Accessed June 24, 2024).

26. Terry MB, Daly MB, Phillips KA, et al. Risk-reducing oophorectomy and breast cancer risk across the spectrum of familial risk. *J Natl Cancer Inst.* 2019;111(3):331-334.
27. van Roosmalen MS, Verhoef LC, Peep PF, et al. Decision analysis of prophylactic surgery or screening for *BRCA1* mutation carriers: a more prominent role for oophorectomy. *J Clin Oncol.* 2002; 20(8):2092-2100.
28. Vogel VG. Breast cancer prevention: a review of current evidence. *CA Cancer J Clin.* 2000 May-Jun; 50(3):156-70.
29. Watson P, Vasen HF, Mecklin JP, Jarvinen H, Lynch HT. The risk of endometrial cancer in hereditary nonpolyposis colorectal cancer. *Am J Med.* 1994 Jun; 96(6):516-20.
30. Mattavelli F, Seregini E, Collini P, et al. Prophylactic thyroidectomy in MEN 2A syndrome. *Tumori.* 2003 Sep-Oct;89(5):553-5.
31. U.S. Preventive Services Task Force (USPSTF). Recommendation Statement Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility U.S. Preventive Services Task Force (USPSTF). *Ann Intern Med.* 2005;143:355-61.
32. Walker JL, Powell CB, Chen LM, Carter J, Bae J, Parker LP, Borowsky ME, Gibb RK. Society of Gynecologic Oncology recommendations for the prevention of ovarian cancer. *Cancer.* 2015 Jul 1;121(13):2108-20. doi: 10.1002/cncr.29321. Epub 2015 Mar 27. PMID: 25820366.

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.