

Subject: Prophylactic, Risk Reduction Surgery

Medical Policy #: 16.10

Status: Reviewed

Original Effective Date: 02/28/2005

Last Review Date: 09-27-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Mastectomy is the surgical removal of one or both breasts. Oophorectomy is the surgical removal of the ovaries. The goal of prophylactic mastectomy or oophorectomy is to reduce the risk of cancer in individual who are at high risk for this disease. Individual at high risk for breast and/or ovarian cancer include those who have laboratory confirmation of the BRCA1 and BRCA 2 genetic mutations, who have a strong family history of breast and/or ovarian cancer, or who have a known familial cancer syndrome associated with a higher risk of breast or ovarian cancer. Primary peritoneal and Fallopian tube cancers are treated identically to ovarian cancer. Other indications for prophylactic mastectomy or oophorectomy are listed below.

Coverage Determination

Prior Authorization may or may not be required for prophylactic oophorectomy or mastectomy for cancer risk reduction related to genetic syndrome. If a total hysterectomy is also performed, as part of risk reduction oophorectomy, prior authorization maybe required for the total hysterectomy, however, all claims are subject to retrospective review.

Prior Authorization may be required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

PHP considers prophylactic mastectomy, bilateral oophorectomy, and hysterectomy with prophylactic oophorectomy medically necessary in selected individual.

PHP follows National Comprehensive Cancer Network (NCCN) Guidelines®, the Clinical Practice Guidelines in Oncology recommendation for risk-reduction for mastectomy, BSO and Hysterectomy. PHP follows NCCN recommendation Category 1 and Category 2A.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Code	For risk-reduction (prophylactic) mastectomy
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	Mastectomy, simple, complete
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban type operation)
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction, (immediate breast prosthesis)
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral
L8010	Breast prosthesis, mastectomy sleeve
L8015	Breast prosthesis external garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form

CPT Codes	For gynecologic cancer prevention- Oophorectomy with or without Hysterectomy
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (e.g., Marshall-Marchetti-Krantz, Burch)
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)
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; 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)
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
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 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

CPT Codes	For gynecologic cancer prevention- Oophorectomy with or without Hysterectomy
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; 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)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral;

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 09-27-2023

References

1. Aetna, BRCA Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy, [Number: 0227](#), Next Review: 02/22/2024. [Cited 07/27/2023]
2. CMS, National Coverage Determination (NCD) for Breast Reconstruction Following, Mastectomy ([140.2](#)), Version 1, effective date 01/01/1997. [Cited 07/27/2023].
3. NCCN Clinical Practice Guidelines, Detection, Prevention, and Risk Reduction, Breast Cancer Risk Reduction, Version 1.2023 — October 12, 2022. Accessed 07/27/2023.
4. NCCN Clinical Practice Guidelines, Detection, Prevention, and Risk Reduction, Genetic/Familial High-Risk assessment: Breast, Ovarian, and Pancreatic Version 3.2023 — February 13, 2023. [Cited 07/28/2023].
5. Cigna, Prophylactic Oophorectomy or Salpingo-oophorectomy With or Without Hysterectomy, Coverage Policy Number [0026](#), Effective Date: 02/15/2019, Review date: 02/15/2020. [Cited 07/27/2023]
6. Humana Prophylactic Mastectomy, Revision Date: 02/24/2022, Policy Number: [HUM-0456-018](#) [Cited 07/27/2023]
7. ACOG Practice bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, Hereditary Breast and Ovarian Cancer Syndrome, Number 182, (Replaces Practice Bulletin Number 103, April 2009. Reaffirmed 2021). [Cited 07/28/2023]
8. MCG Health, 26th edition, Inpatient & Surgical Care, Mastectomy, Complete ORG:S-860 (ISC), Last Update 5/18/2022. [Cited 6/28/2023]
9. MCG Health, 27th edition, Inpatient & Surgical Care, Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander (S-862), Last Update 06/28/2023. [Cited 07/27/2023]
10. MCG Health, 27th edition, Inpatient & Surgical Care, Mastectomy, Complete, with Tissue Flap Reconstruction (S-864), Last Update 6/28/2023. [Cited 07/27/2023]
11. MCG Health, 27th edition, Inpatient & Surgical Care, Hysterectomy, Laparoscopic, #S-665, Last Update: 06/28/2023. [Cited 07/27/2023].
12. MCG Health, 27th edition, Inpatient & Surgical Care, Hysterectomy, Vaginal. ORG: S-660 (ISC), last update: 6/28/2023. [Cited 07/27/2023]
13. MCG Health, 27th edition, Inpatient & Surgical Care, Hysterectomy, Abdominal, ORG: S-650 (ISC), last update 6/28/2023. [Cited 07/28/2023]
14. MCG Health, 27th edition, Inpatient & Surgical Care, Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy, S-775, last update: 6/28/2023. [Cited 07/28/2023]
15. MCG Health, 27th edition, Inpatient & Surgical Care, Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy, S-450, last update: 6/28/2023. [Cited 07/28/2023]
16. UpToDate, Overview of hereditary breast and ovarian cancer syndromes associated with genes other than BRCA1/2. Literature review current through: Jun 2023. | This topic last updated: Aug 01, 2022. [Cited 7/28/2023]

Publication History

- 02-28-05: Benefit/Technology Alert, Original Effective Date
 05-11-07: Benefit/Technology Alert, Revision
 03-25-09: Transition to Medical Policy, Review and Revision

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

- 01-27-10: Annual Review and Revision
- 02-23-11: Annual Review and Revision
- 08-22-12: Update of Prior Auth Language for Hysterectomy
- 01-29-14: Presbyterian Policy Retired
- 01-29-14: Presbyterian now uses Aetna criteria #0227.
- 05-25-16: Annual Review. Aetna # 0227 accessed. Last reviewed 12/15/15. No change to criteria.
- 09-27-17: Annual Review. Accessed Aetna #0227. Last review 3/29/17. Update to language re: BRCA testing (is medically necessary) for women with Ovarian cancer, Breast cancer, and that half siblings would be considered First Degree relatives.
- 05-22-19: Annual Review. Policy went to CQUMC 09-27-17 but policy on webpage was unchanged from 01-29-14. Updated policy to include criteria outlined by Aetna.
- 11-18-20 Annual Review. Reviewed on 11-03-2020 and completion of review by PHP Medical Policy Committee on 11-20-20. Removed Aetna criteria. Policy will now follow NCCN guideline for mastectomy, BSO and Hysterectomy recommendation. Title changed from Prophylactic Mastectomy and Oophorectomy, with or without Hysterectomy, for the Prevention of Cancer to Prophylactic, Risk Reduction Surgery. CPT codes specific to risk reduction (mastectomy & Oophorectomy with or without hysterectomy) surgeries were added to policy. Changed to say PA may or may not be required.
- 09-22-21 Annual review. Reviewed on 09-07-2021. Continue to follow NCCN. Update the CPT codes: removed 58575 and added 58940. Continue PA requirement for GYN hysterectomy. Unable to configure since CMS does not have specific coding recommendation for Prophylactic surgeries.
- 09-28-22 Annual review. PHP Medical policy Committee reviewed on 09-16-2022. Continue to follow NCCN. Clarifying language was added that PHP follows NCCN recommendation using Category 1 and Category 2A. This policy (MPM 16.10) was updated to require prior authorization for codes that already require PA under Hysterectomy MPM 8.9. Codes include: 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58593, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, and 58150.
- 09-27-23 Annual review. PHP Medical policy Committee reviewed on 07/28/2023. Continue to follow NCCN. Continue no PA for Mastectomy codes: 19303, 19305, 19306, 19307, 19340, L8001, L8002, L8010, L8015, and L8020. Continue PA for Gynecologic prophylactic codes: 58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, and 58573. Continue no PA for: 58293, 58548, 58200, 58210, 58661, 58720, and 58940. Added: 58240, 58545, 58546, and 58700 to policy which will not require PA. Added codes 19301-19302.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.