

Subject: Prophylactic, Risk Reduction Surgery

Medical Policy #: 16.10

Status: Reviewed

Original Effective Date: 02/28/2005

Last Review Date: 09-28-2022

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 |
|----------|--|
| 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) |
| 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) |
| 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; |
| 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) |

| CPT Codes | For gynecologic cancer prevention- Oophorectomy with or without Hysterectomy |
|-----------|--|
| 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; |

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Medical Director: Ana Maria Rael MD

Date Approved: 09-28-2022

References

1. Aetna, BRCA Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy, [Number: 0227](#), Next Review: 02/10/2022. [Cited 08/31/2022]
2. CMS, National Coverage Determination (NCD) for Breast Reconstruction Following, Mastectomy ([140.2](#)), Version 1, effective date 01/01/1997. [Cited 08/31/2022].
3. NCCN Clinical Practice Guidelines, Detection, Prevention, and Risk Reduction, Breast Cancer Risk Reduction, Version 1.2022 – January 31, 2022. Accessed 08/31/2022.
4. NCCN Clinical Practice Guidelines, Detection, Prevention, and Risk Reduction, Genetic/Familial High-Risk assessment: Breast, Ovarian, and Pancreatic Version 2.2022 — March 9, 2022. [Cited 08/31/2022].
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 08/31/2022]
6. Humana Prophylactic Mastectomy, Revision Date: 02/24/2022, Policy Number: [HUM-0456-017](#) [Cited 8/31/2022]
7. ACOG Practice bulletin, Clinical Management Guidelines for Obstetrician-Gynecologists, Hereditary Breast and Ovarian Cancer Syndrome, Number 182, September 2017. [Cited 08/31/2022]
8. MCG Health, 26th edition, Inpatient & Surgical Care, Mastectomy, Complete ORG:S-860 (ISC), Last Update 5/18/2022. [Cited 09-01-2022]
9. MCG Health, 26th edition, Inpatient & Surgical Care, Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander (S-862), Last Update 5/18/2022. [Cited 09-01-2022]
10. MCG Health, 26th edition, Inpatient & Surgical Care, Mastectomy, Complete, with Tissue Flap Reconstruction (S-864), Last Update 5/18/2022. [Cited 09-01-2022]
11. MCG Health, 26th edition, Inpatient & Surgical Care, Hysterectomy, Laparoscopic, #S-665, Last Update: 5/18/2022. [Cited 09-01-2022].
12. MCG Health, 26th edition, Inpatient & Surgical Care, Hysterectomy, Vaginal. ORG: S-660 (ISC), last update: 5/18/2022. [Cited 09-01-2022]
13. MCG Health, 26th edition, Inpatient & Surgical Care, Hysterectomy, Abdominal, ORG: S-650 (ISC), last update 05-18-2022. [Cited 09-01-2022]
14. MCG Health, 26th edition, Inpatient & Surgical Care, Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy, S-775, last update: 05/18/2022. [Cited 09-01-2022]
15. MCG Health, 26th edition, Inpatient & Surgical Care, Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy, S-450, last update: 05/1/2022. [Cited 09-01-2022]
16. UpToDate, Overview of hereditary breast and ovarian cancer syndromes associated with genes other than BRCA1/2. Literature review current through: Jul 2022. | This topic last updated: Aug 01, 2022. [Cited 09-01-2022]

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
- 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-

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]

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.

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.