

Policy: MP057

Section: Medical Benefit Policy

Subject: Prophylactic Oophorectomy

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Prophylactic Oophorectomy

II. Purpose/Objective:

To provide a policy of coverage regarding Prophylactic Oophorectomy

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Prophylactic oophorectomy is the removal of both ovaries for the potential benefit of preventing the development of ovarian cancer in members who are at high risk for the disease. Current screening methods for ovarian cancer are not sensitive enough to detect early cancer. Because a high percentage of ovarian cancers are detected in advanced stages, long-term survival rates are significantly decreased. Because of the lack of an effective means of screening for ovarian cancer, prophylactic oophorectomy is considered as a treatment for members at high risk for the disease. Members at risk include those from families with hereditary cancer syndromes and those with known BRCA1 or BRCA2 mutation.

INDICATIONS:

Prophylactic bilateral oophorectomy may be considered medically necessary in selected patients, with other risk factors including null parity, low parity, infertility, early menarche, late menopause, and late first pregnancy, who have **ONE** of the following criteria:

1. Members with a known BRCA1 or BRCA2 mutation confirmed by molecular susceptibility testing.
2. Members who have completed childbearing years (usually age 40 years) and has hereditary ovarian cancer syndrome based on a family pedigree constructed by a physician or genetic counselor competent in determining the presence of an autosomal dominant inheritance pattern
3. A family history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (family cancer syndrome)
4. Members with a personal history of breast cancer and at least one 1st degree relative (e.g., mother, sister, daughter) with history of ovarian cancer.
5. Members with two 1st degree relatives (e.g., mother, sister, daughter) with a history of ovarian cancer.
6. Members with one 1st degree relative (e.g., mother, sister, daughter) and one or more 2nd degree relatives (maternal or paternal aunt or grandmother) with ovarian cancer.
7. Members with a known familial cancer syndrome associated with increased risk of ovarian cancer (e.g., hereditary nonpolyposis colorectal cancer [HNPCC], Lynch syndrome)

All members considering a prophylactic oophorectomy must undergo counseling regarding cancer risks from a genetic counselor.

LIMITATIONS:

Prophylactic oophorectomy is medically necessary **ONLY** for those members with unique clinical circumstances outlined under INDICATIONS.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis

CODING ASSOCIATED WITH: Prophylactic Oophorectomy

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- 58262 Vaginal hysterectomy; with removal of tube(s) and or ovary(s)
- 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
- 58550 Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s), (Laparoscopic assisted vaginal 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

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

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Schrag D, Kuntz KM, Garber JE, Weeks JC, "Decision Analysis—Effects of Prophylactic Mastectomy and Oophorectomy on Life Expectancy Among Women with BRCA1 or BRCA2 Mutations", *The New England Journal of Medicine*, 336(20):1464-1471, 15 May 1997.

Rozario D, Brown I, Fung Kee Fung M, Temple L, "Is Incidental Prophylactic Oophorectomy an Acceptable Means to Reduce the Incidence of Ovarian Cancer?", *American Journal of Surgery*, 173(6):495-498, June 1997.

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Modan B, Hartge P, et. al., "Parity, Oral Contraceptives, and the Risk of Ovarian Cancer Among Carriers and Noncarriers of a BRCA1 or BRCA2 Mutation", *The New England Journal of Medicine*, 345(4):235-240, 26 July 2001.

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National Comprehensive Cancer Network® (NCCN) Genetic/familial high-risk assessment: breast and ovarian. Clinical practice guidelines in oncology. v3.2024

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Li X, You R, Wang X, et al. Effectiveness of prophylactic surgeries in BRCA1 or BRCA2 mutation carriers: A meta-analysis and systematic review. *Clin Cancer Res*. 2016; 22(15): 3971 – 81.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 10/12/92

Revised: 9/18/98, 5/03, 5/04(definition); 5/05, 7/16 (Gender Language); 4/18(add criteria), 4/23 (revise criteria)

Reviewed: 5/06, 6/07, 6/08 (wording), 5/09, 5/10, 5/11, 5/12, 5/13, 5/14, 5/15, 5/16, 4/17, 4/19, 4/20, 4/21, 4/22, 4/24

CMS UM Oversight Committee Approval: 12/23, 7/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health

Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.