Introduction

Prophylactic bilateral salpingo-oophorectomy is surgery that removes both ovaries. The goal of this surgery is to reduce the risk of ovarian, fallopian tube, peritoneal, and breast cancers, particularly for those women who are at high risk. This policy describes when prophylactic bilateral salpingo-oophorectomy may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic bilateral salpingo-oophorectomy (PBSO)</td>
<td>Prophylactic bilateral salpingo-oophorectomy (PBSO) may be considered medically necessary for the following indications:</td>
</tr>
</tbody>
</table>
Medical Necessity

• PBSO is considered medically necessary for select individuals at high-risk of inherited ovarian cancer when the patient meets one of the following:
  o The patient has a positive BRCA1 or BRCA2 genetic test (refer to 10.01.526 Molecular Genetic Testing: Services Reviewed by AIM®) or has been diagnosed with a hereditary ovarian cancer syndrome based on a family pedigree constructed by a provider competent to determine the presence of an autosomal dominant inheritance pattern
  OR
  o There are two first degree relatives (ie, parent, sibling or child of the individual) with a history of epithelial ovarian cancer or breast cancer
  OR
  o There is one first degree relative and one or more second degree relatives with epithelial ovarian cancer
  OR
  o The patient has a personal history of breast cancer and at least one first degree relative with epithelial ovarian cancer
  OR
  o There are two or more second degree relatives with history of ovarian cancer or breast cancer
  OR
  o The patient has a personal history of estrogen receptor positive, premenopausal breast cancer
• PBSO shall be considered for coverage in hereditary nonpolyposis colorectal cancer (HNPPCC) when a prophylactic hysterectomy is performed in these cases

The decision to perform PBSO should not be based only on age; it should be a highly individualized decision that takes into account several patient factors and choices. Hormone replacement therapy could be considered for women undergoing PBSO and patients should be counseled about the risks and benefits of hormone replacement therapy prior to undergoing surgery.
For women with BRCA1 or mutations, risk-reducing PBSO should be offered after the completion of childbearing and only deferred beyond the early 40s following a careful discussion of the risks and benefits.

In individuals with a personal or family history suggestive of an inherited predisposition to breast and ovarian cancer who have not had genetic testing or who have undergone genetic testing and have not had a deleterious BRCA1 or BRCA2 mutation identified, less information is available regarding the relative risks and benefits of PBSO. These individuals are best managed by a multidisciplinary team of gynecologists, gynecologic oncologists, and geneticists experienced in the care of women at inherited risk for cancer.

Note: See Related Information below for Limitations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>58720</td>
<td>Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)</td>
</tr>
<tr>
<td>58940</td>
<td>Oophorectomy, partial or total, unilateral or bilateral;</td>
</tr>
<tr>
<td>ICD-10 Codes Covered if Selection Criteria are Met</td>
<td></td>
</tr>
<tr>
<td>C56.1-C56.9</td>
<td>Malignant neoplasm of ovary</td>
</tr>
<tr>
<td>C57.00-C57.02</td>
<td>Malignant neoplasm of fallopian tube</td>
</tr>
<tr>
<td>C57.10-C57.12</td>
<td>Malignant neoplasm of broad ligament</td>
</tr>
<tr>
<td>C57.20-C57.22</td>
<td>Malignant neoplasm of round ligament</td>
</tr>
<tr>
<td>C57.3</td>
<td>Malignant neoplasm of parametrium</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C57.4</td>
<td>Malignant neoplasm of uterine adnexa, unspecified</td>
</tr>
<tr>
<td>C57.7-C57.9</td>
<td>Malignant neoplasm of other specified female genital organs, overlapping sites of female genital organs, and female genital organs unspecified</td>
</tr>
<tr>
<td>C79.60-C79.62</td>
<td>Secondary malignant neoplasm of ovary</td>
</tr>
<tr>
<td>D27.0-D27.9</td>
<td>Benign neoplasm of ovary</td>
</tr>
<tr>
<td>D39.10-D39.12</td>
<td>Neoplasm of uncertain behavior or unspecified ovary</td>
</tr>
<tr>
<td>N83.0-N83.9</td>
<td>Non-inflammatory disorders of ovary, fallopian tube, and broad ligament</td>
</tr>
<tr>
<td>N94.89</td>
<td>Other specified conditions associated with female genital organs and menstrual cycle</td>
</tr>
<tr>
<td>O00.0-O00.9</td>
<td>Ectopic pregnancy and other ectopic pregnancy</td>
</tr>
<tr>
<td>P01.4</td>
<td>Newborn (suspected to be) affected by ectopic pregnancy</td>
</tr>
<tr>
<td>Z40.00</td>
<td>Encounter for prophylactic removal of unspecified organ</td>
</tr>
<tr>
<td>Z40.02</td>
<td>Encounter for prophylactic removal of ovary</td>
</tr>
<tr>
<td>Z40.09</td>
<td>Encounter for prophylactic removal of other organ</td>
</tr>
</tbody>
</table>

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**Related Information**

**Definition of Terms**

**Breast cancer:** Invasive breast cancer or ductal carcinoma in situ

**First-degree relative:** Parent, sibling or child of an individual

**Ovarian cancer:** Epithelial ovarian cancer

**Second-degree relative:** Grandparent, aunt, uncle, half-sibling, niece, nephew or grandchild of an individual

**Third-degree relative:** Great-grandparent, great-uncle, great-aunt, first cousin, grand-niece, grand-nephew, or great-grandchild of an individual
Limitations

- Genetic testing of a non-covered family member of the patient for the sole purpose of obtaining non-related genetic information is not covered.

- Occasionally, blood or tissue samples from other non-covered family members are required to provide the medical information necessary for the proper medical care of a patient. Molecular-based testing for BRCA and other specific heritable disorders in non-members is covered when all of the following conditions are met:
  - The information is needed to adequately assess risk in the patient.
  - The information will be used in the immediate care plan of the patient.
  - The non-covered family member’s benefit plan (if any) will not cover the test and the denial is based on specific plan exclusion.

Evidence Review

Background

Prophylactic bilateral oophorectomy is a surgical procedure that removes both ovaries. The goal of this surgery is to reduce the risk of ovarian, fallopian tube, and peritoneal cancers, particularly for those women who are at high risk. This procedure can be done at the same time as the removal of the fallopian tubes during a hysterectomy. Risk factors can include family history of breast or ovarian cancer and/or the presence of mutations in the BRCA1/2 gene.

Approximately 5-10% of all inherited cases of breast and ovarian cancers are associated with mutations in the BRCA1/2 genes. According to the American College of Obstetricians and Gynecologists (ACOG), ovarian cancer has the highest mortality rate out of all types of gynecologic cancer and is the 5th leading cause of cancer deaths among women.
References


15. Definitions specific to the Genetic Information Nondiscrimination Act of 2008 [29 CFR 1635.3]

## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Prophylactic bilateral salpingo-oophorectomy (PBSO) may be considered medically necessary for patients at high-risk or with hereditary nonpolyposis colorectal cancer (HNPCC) when criteria are met.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

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Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-5797 (TDD)


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This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You must take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

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لا تهمك اللغة langue de l'origine. إنما تعني هذه النشرة أحق من بين الأشخاص الذين يبلغون طلبك. يجوزك أن تستفيدوا من تلك الخدمات والمساعدة. تحتوي هذه النشرة على معلومات جيدة عن التطورات في مجال خدمات التغطية الصحية. للحصول على هذه المعلومات، ي，请 تواصل معنا.
Call 800-722-1471 (TTY: 800-842-5357) للمساعدة.

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Chiamo 800-722-1471 (TTY: 800-842-5357).

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Dit notitie bevat belangrijke informatie. Dit bericht bevat belangrijke informatie over uw aanspraak of bevoegdheid bij Premera Blue Cross. Er kan in deze notitie belangrijke datum staan die je moet respecteren. U heeft het recht deze informatie te krijgen en te helpen in uw eigen taal tegen kosteloos.
Bellen bij 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este aviso tiene información importante. Este aviso puede contener información importante sobre tu solicitud o cobertura a través de Premera Blue Cross. Puede haber fechas clave en este aviso. Tienes el derecho obtener esta información y asistencia en tu idioma gratuitamente.
Llamar al 800-722-1471 (TTY: 800-842-5357).