NO. 91508

PROPHYLACTIC CANCER RISK REDUCTION SURGERY

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. 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. 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. 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policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community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.

Policy scope: This policy defines when prophylactic surgeries are covered for individuals at high risk of specific cancers.

Related policies:

- Breast Related Procedures No. 91545
- Genetics: Counseling, Testing, Screening No. 91540
- Thyroid-Related Procedures No. 91621

I. MEDICAL NECESSITY CRITERIA

INCLUSIONS:

A. Prophylactic total gastrectomy for hereditary diffuse gastric cancer for members with known mutations in the CDH1 gene and a positive family history of gastric cancer.

B. Prophylactic hysterectomy is medically necessary when at least one of the following criteria are met:

1. Patients with known hereditary nonpolyposis colon cancer (HNPCC)
2. Patients with an HNPCC associated mutation

C. Prophylactic simple mastectomy when any ONE of the following criteria are met:

1. **Bilateral prophylactic mastectomy:**
    a. No personal history of breast cancer AND at least one of the following:
        i. Member with known breast cancer predisposition for pathogenic or likely pathogenic variants *(BRCA 1, BRCA 2, CHD1, PALB2, PTEN, STK11, or TP53)* confirmed by genetic testing *(See Genetics: Counseling, Testing and Screening medical policy #91540)*; or
        ii. The member has an 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
        iii. A family history of any of the following:
            i. Two or more first-degree relatives on the same side of the family with breast cancer
            ii. One first-degree relative with breast cancer and one of the following:
                1. Two or more second-degree and/or third-degree relatives with breast cancer; or
                2. The diagnosis was before the age of 45 and one other relative with breast cancer at any age or
                3. One or more relatives with ovarian cancer; or
                4. The first-degree relative has bilateral breast cancer
            iii. Two or more second degree relatives on the same side of the family with:
                1. One with breast cancer and one with ovarian cancer
                2. Ovarian cancer
        iv. Women with large, ptotic, dense, or disproportionally sized breasts that are difficult to evaluate mammographically.
        v. A history of diffuse calcifications and multiple biopsies resulting in difficulty performing or interpreting diagnostic breast exams.
        vi. History of chest wall radiation before 30 years of age.

2. **Contralateral or bilateral prophylactic mastectomy** for any of the following indications:
    a. Personal history of breast cancer
    b. The surgeon attests that in order to achieve symmetry that bilateral mastectomy would produce the best outcome; or
    c. The member has a family history of any of the following:

i. Two or more first-degree relatives on the same side of the family with breast cancer; or
ii. One first-degree relative with breast cancer and **one** of the following:
i. Two or more second-degree and / or third-degree relatives with breast cancer; or
ii. The diagnosis was before the age of 45 and one other relative with breast cancer at any age or
iii. One or more relatives with ovarian cancer; or
iv. The first degree relative has bilateral breast cancer
iii. Two or more second degree relatives on the same side of the family with:
i. One with breast cancer and one with ovarian cancer
ii. Ovarian cancer

d. Member with multiple primary breast cancers in the sentinel breast.
e. Member diagnosed with invasive breast cancer at age 45 years of age or younger.
f. Member who are confirmed BRCA 1 or BRCA 2 mutation carriers or other pathogenic variants of other breast cancer susceptibility genes. *(See Genetics: Counseling, Testing, and Screening Policy #91540)*
g. Member with lobular carcinoma in situ or atypical hyperplasia in the ipsilateral breast.
h. Member with invasive lobular carcinoma of the ipsilateral breast.
i. A history of diffuse calcifications and multiple biopsies resulting in difficulty performing or interpreting diagnostic breast exams.

3. Treatment options include:
a. Simple mastectomy and simple mastectomy with reconstruction (breast implant)
b. An initial procedure (reduction, augmentation, or mastopexy) on the contralateral breast to produce symmetry between the affected and unaffected breasts.

D. Prophylactic oophorectomy when at least one of the 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** when indications in the National Comprehensive Cancer Network (NCCN) Guidelines for Epithelial Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer and Genetic/Familial High-Risk Assessment: Breast and Ovarian, Pancreatic, and Prostate are met.

F. **Prophylactic thyroidectomy**: See *Thyroid-Related Procedures (#91621)*

G. **Prophylactic proctocolectomy or colectomy** when any of the following criteria are met:

1. Personal history of classical familial adenomatous polyposis (FAP); OR
2. Personal history of attenuated familial adenomatous polyposis with an adenoma burden that cannot be managed endoscopically; OR
3. Family history of classical FAP and genetic testing is positive for pathogenic variant of APC and adenomas are identified on colonoscopy

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
Wellpoint Federal (formerly National Government Services, Inc.)	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

III. BACKGROUND

Risk-reducing surgery, also known as prophylactic surgery or preventative surgery, involves the removal of tissues or organs before the development of cancer. Prophylactic Cancer Risk Reduction Surgery Includes:

- Prophylactic Hysterectomy: Removal of uterus.

  Lynch syndrome (LS), previously called hereditary nonpolyposis colorectal cancer (HNPCC), is a cancer predisposition syndrome with a dominant inheritance caused by pathogenic germline variants in the DNA mismatch repair (MMR) genes *MLH1*, *MSH2*, *MSH6*, and *PMS2*. In addition to the early occurrence of colorectal cancer (CRC), LS is also characterized by certain extracolonic cancers (ECCs), of which endometrial carcinoma (EC) is the most common. Prophylactic surgery, or hysterectomy with or without bilateral salpingo-oophorectomy or salpingectomy, has usually been performed after the age of 40 years, when having children is complete, or at the age of menopause, depending on the mutation carrier's preference. (Kalamo et al., 2020)

- Prophylactic Mastectomy: Removal of one or both breasts (bilateral). Bilateral risk reducing (RRM) refers to removal of both breasts in asymptomatic patients, while contralateral RRM (CRRM) refers to removal of the unaffected breast when bilateral mastectomy is performed for the management of unilateral breast cancer.

  Breast cancer (BC) remains the most common type of cancer diagnosed in women. Although in recent decades, there have been fewer cases diagnosed in advanced, metastatic stages, breast cancer remains a major public health issue worldwide.

  There are multiple risk factors known for breast cancer besides gender and age, including genetic predisposition, hormonal influences, environmental exposures, and lifestyle variables. Defining these predisposing factors is vital in understanding the etiology and devising personalized prevention strategies. Treatment options vary from conventional approaches, such as surgery, chemotherapy, and radiotherapy, to immunomodulation and targeted therapy.

  Prophylactic measures are essential in limiting the incidence of BC, especially for individuals at high risk due to genetic predispositions. Prophylactic mastectomy stands as one of the most important measures, but due to its significant psychological implications, the decision to undergo this type of intervention is often complex. This procedure has become more important in patient management over the past few years. A mastectomy is often followed by reconstructive procedures, which can significantly reduce the psychological impact on a patient. (Filip et al., 2024)

- Prophylactic Oophorectomy: Removal of the ovaries.
- Prophylactic Salpingo-oophorectomy: Removal of the ovaries at the same time of hysterectomy.

  Patients with germline *BRCA1/2* mutations have been shown to be susceptible to a high risk of breast, ovarian, fallopian tube, primary peritoneal, pancreatic, and prostate cancer, as well as melanoma. Most investigated are the risks for breast and

ovarian cancer. Patients with a *BRCA1* or *BRCA2* mutation possess 45%–60% and 12%–20% life-time risk for ovarian cancer respectively. Risk reducing bilateral salpingo–oophorectomy (RRBSO) has been shown to reduce this risk substantially and is strongly recommended by the American College of Obstetricians and Gynecologists, the American Society of Clinical Oncology, the Society of Gynecologic Oncology, the National Society for Medical Oncology and the European Society for Medical oncology. RRBSO is recommended for *BRCA1* mutated patients from the age of 35–40 years, and for *BRCA2* patients from the age of 40–45 years, upon the completion of childbearing. The RRBSO procedure reduces up to 95% of the risk for ovarian cancer and has been considered to reduce breast cancer risk. (Nahshon et al., 2020)

- Prophylactic Thyroidectomy: Removal of thyroid glands. See *Thyroid-Related Procedures (#91621)*

  Medullary thyroid carcinoma (MTC) is a rare calcitonin-secreting neuroendocrine tumor that arises from parafollicular C-cells. It may occur as an autosomal dominant hereditary disease in approximately 20% of cases, as part of the multiple endocrine neoplasia type 2 (MEN2) syndrome caused by *RET* protooncogene germline mutation. Several mutations have been described with different clinical expression and variable penetrance; according to the American Thyroid Association (ATA) classification, patients carrying a high-risk mutation are predisposed to develop MTC at an earlier age and should be operated before 5 years of age. Conversely, moderate (MOD)-risk mutation may cause MTC development later, even in adulthood. The genetic screening in all relatives of newly diagnosed MTC cases is aimed to the identification of asymptomatic and apparently healthy *RET* carriers allowing a definitive cure by a prophylactic thyroidectomy, removing the thyroid before malignancy occurs (as usually occurs in children), or by an early thyroidectomy when MTC is still confined to the gland (as usually may occur in adults). (Torresan et al., 2022)

- Prophylactic Total Gastrectomy: Complete removal of stomach.

  Prophylactic total gastrectomy (PTG) is considered the unique life-saving option for individuals harboring germline E-cadherin (CDH1) mutations. Families affected by germline CDH1 mutations have a high incidence of diffuse gastric cancer and lobular breast cancer and belong to the Hereditary Diffuse Gastric Cancer (HDGC) syndrome. The latest International Gastric Cancer Linkage Consortium (IGCLC) meeting revised the clinical criteria for CDH1 genetic screening, estimating the cumulative risk of gastric cancer (GC) in families fulfilling the classic HDGC clinical criteria by 80 years of age to be 70% and 56% in male and female carriers, respectively. PTG is routinely proposed in high-risk individuals because endoscopic screening fails in the early detection of DGC (Corso et al., 2022)

- Prophylactic Colectomy/Proctocolectomy: Removal of all or part of the colon (colectomy) or the colon and rectum (proctocolectomy)

  Familial adenomatous polyposis (FAP) is an autosomal dominant inherited disorder caused by a germline mutation in the adenomatous polyposis coli *(APC)* gene. FAP has an incidence rate of 1 per 8.300 births and equally affects both sexes. The

disease is characterized by the formation of hundreds to thousands colorectal adenomas, typically arising in the teenage years. Although most patients are identified at a young age due to a positive family history of FAP, a quarter of patients has a de novo *APC* mutation, presenting with symptoms and often advanced disease. FAP is characterized by an anticipated, multifocal adenoma-carcinoma sequence and it takes 15–20 years before polyps progress into cancer, comparable to sporadic adenomas. Without treatment, the risk of developing colorectal cancer (CRC) approaches 100% at a young age with a median of 35–45 years. Therefore, prophylactic colorectal surgery is indicated at a young age. (Aelvoet et al., 2022)

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
National Comprehensive Cancer Network (NCCN)	Breast Cancer Risk Reduction (2026)
National Comprehensive Cancer Network (NCCN)	Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate (2026)
National Comprehensive Cancer Network (NCCN)	Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, Esophageal, and Gastric (2026)
National Comprehensive Cancer Network (NCCN)	Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer (2026)
American College of Obstetricians and Gynecologists (ACOG)	Committee Opinion No. 774: Opportunistic Salpingectomy as a Strategy for Epithelial Ovarian Cancer Prevention (2019)
Society of Gynecologic Oncology (SGO)	SGO Clinical Practice Statement: Salpingectomy for Ovarian Cancer Prevention (2013)
The American Society of Breast Surgeons (ASBrS)	Contralateral Prophylactic Mastectomy (CPM) Consensus Statement from the American Society of Breast Surgeons: Data on CPM Outcomes and Risks (2016)
International Gastric Cancer Linkage Consortium (IGCLC)	Hereditary diffuse gastric cancer: updated clinical practice guidelines (2020)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Decision date

VI. CODING

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 250g; with removal of tube(s) and/or ovary(s)

E. Colectomy

ICD-10 Codes that apply:
Z40.09 Encounter for prophylactic removal of other organ
Z15.09 Genetic susceptibility to other malignant neoplasm
Z83.71 Family history of colonic polyps
Z80.0 Family history of malignant neoplasm of digestive organs
Z86.010 Personal history of colon polyps

CPT HCPC codes
44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151 Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155 Colectomy, total, abdominal, with proctectomy; with ileostomy
44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44210 Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy

F. Proctocolectomy

ICD-10 Codes that apply:
Z40.09 Encounter for prophylactic removal of other organ
Z15.09 Genetic susceptibility to other malignant neoplasm
Z83.71 Family history of colonic polyps
Z80.0 Family history of malignant neoplasm of digestive organs
Z86.010 Personal history of colon polyps

CPT/HCPCS Codes:
44155 Colectomy, total, abdominal, with proctectomy; with ileostomy
44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed

44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, 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, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the 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); 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. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

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Oophorectomy/Salpingo-Oophorectomy

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Hysterectomy

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SUMMARY OF CHANGES

Deletions:

- I.B.1 and I.B.2 - Removed requirement for completion of childbearing for prophylactic hysterectomy

Additions:

- I.C.1. - Added CHD1, PALB2, PTEN, STK11, and TP53 as genetic variants known to predispose a woman to breast cancer
- I.G – Added criteria for prophylactic proctocolectomy or colectomy

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Past committee 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, 8/25, 8/26

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