

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0092
EFFECTIVE DATE June 1, 2014	SUBJECT: Prophylactic Surgeries

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Prophylactic surgery is the removal of an unaffected "normal" organ.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Prophylactic Oophorectomy

- A. BCNEPA will provide coverage for prophylactic oophorectomy when medically necessary.

1. Prophylactic oophorectomy may be considered medically necessary in patients with documentation of one of the following risk factors:
 - a) Two or more first-degree relatives with epithelial ovarian cancer suggesting either maternal or paternal transmission.
 - b) Pedigree of multiple occurrences of nonpolyposis colorectal cancer, endometrial carcinoma, and ovarian cancer (Lynch II Syndrome).
 - c) Pedigree of multiple cases of breast or ovarian cancer.
 - d) Patients diagnosed with evidence of stage 1 or borderline cancer who elect conservative treatment to complete their child bearing years; can elect for prophylactic oophorectomy after child bearing age.
 - e) Pre-menopausal women diagnosed with estrogen receptor positive (ER)/progesterone receptor positive (PR) breast cancer.
2. Prophylactic oophorectomy for patients without one of the aforementioned risk factors is considered not medically necessary.

NOTE:

- Ovarian cancer incidence increases after age 40 and peaks at age 80. Therefore, the procedure can be performed after childbearing age in most cases.
- Estrogen Replacement Therapy (ERT) should be considered upon prophylactic oophorectomy.

Prophylactic Mastectomy

- B. BCNEPA will provide coverage for prophylactic mastectomy and breast reconstruction subsequent to prophylactic mastectomy when medically necessary.
 1. Prophylactic mastectomy may be considered medically necessary in patients with documentation of one of the following risk factors:
 - a) Two or more first-degree relatives with breast cancer.
 - b) One first-degree relative and two or more second-degree or third-degree relatives with breast cancer
 - c) One first-degree relative with breast cancer before the age of 45 years and one other relative with breast cancer.
 - d) One first-degree relative with breast cancer and one or more relatives with ovarian cancer.
 - e) Two second-degree or third-degree relatives with breast cancer and one or more with ovarian cancer.

- f) One second-degree or third-degree relative with breast cancer and two or more with ovarian cancer.
 - g) Three or more second-degree or third-degree relatives with breast cancer.
 - h) One first-degree relative with bilateral breast cancer.
 - i) Presence of a BRCA₁ or BRCA₂ mutation.
 - j) Presence of a p53 or PTEN mutation.
 - k) Received radiation therapy to the chest between the ages of 10 and 30 years.
 - l) Family history with or without breast lesions associated with an increased risk, including, but not limited to atypical hyperplasia or breast cancer diagnosed in the opposite breast.
 - m) Patients with such extensive mammographic abnormalities (i.e., calcifications) that adequate biopsy is impossible.
 - n) Patients with a personal history of breast cancer in the contralateral breast.
2. Prophylactic mastectomy for patients without one of the aforementioned risk factors is considered not medically necessary.
 3. Prophylactic mastectomy may be considered medically necessary in patients with lobular carcinoma in situ.

Prophylactic Colectomy

- C. BCNEPA will provide coverage for prophylactic colectomy when medically necessary.
 1. Prophylactic colectomy may be considered medically necessary in patients with documentation of all of the following Amsterdam criteria:
 - a) Three or more relatives with a histologically verified colorectal cancer, one of whom is a first-degree relative of the other two;
 - b) Colorectal cancer involving at least two generations; and
 - c) One or more colorectal cancers diagnosed before 50 years of age.
 2. Prophylactic colectomy for patients without all of the aforementioned risk factors is considered not medically necessary.

NOTE:

- Requests for other types of prophylactic procedures require Medical Director approval.

IV. DEFINITIONS:

Prophylactic Colectomy: Includes the elimination of the colon at risk of developing cancer.

Prophylactic Oophorectomy: The removal of the ovaries and fallopian tubes of the asymptomatic women as a method of preventing the occurrence of ovarian cancer. The procedure may be recommended for women with a family history of ovarian cancer. Ovarian cancer incidence increases after age 40 and peaks at age 80.

Prophylactic Mastectomy: The mastectomy is conducted on a normal non-diseased/or dysplastic polycystic breast because it might become cancerous at a future date.

A First-Degree Relative: A mother, sister, or daughter.

A Second-Degree Relative: A grandmother or aunt.

A Third-Degree Relative: Cousins.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

PROCEDURE CODES

19301	19305	44141	44146	44155	58720
19302	19306	44143	44147	44156	58940
19303	19307	44144	44150	44160	
19304	44140	44145	44151	58661	

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