Prophylactic Mastectomy and Oophorectomy, with or without Hysterectomy, for the Prevention of Cancer

MPM 16.10

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 women who are at high risk for this disease. Women 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.

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses Aetna criteria “BRCA Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy” #0227. This criteria may be accessed online at http://www.aetna.com/cpb/medical/data/200_299/0227.html

Prior Authorization is not required for Oophorectomy or Mastectomy; however, all claims are subject to retrospective review. If a Total Hysterectomy is also performed, Prior Authorization is required for the Total Hysterectomy.

Approval Signatures:

Clinical Quality Committee: Ron Parton MD

Medical Director: Norman White MD

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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
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02-23-11: Annual Review and Revision
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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.

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 on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm