



Evidence Based Guideline

Oophorectomy, Prophylactic for Ovarian Cancer

File Name: oophorectomy_prophylactic_for_ovarian_cancer
Guideline Number: EBG.SUR6480
Origination: 11/1995
Last Review: 8/2003

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

Prophylactic oophorectomy is the surgical removal of both ovaries to prevent the development of ovarian cancer in women who are at high risk for the disease.

Evidence Based Guideline for Prophylactic Oophorectomy for Ovarian Cancer

Prophylactic oophorectomy for ovarian cancer may be appropriate for patients when family history is consistent with [hereditary](#) ovarian cancer syndrome or family cancer syndrome includes one of the following:

1. One first degree relative (sibling or parent) had ovarian cancer, and a family history with multiple generations of ovarian cancer, or young-onset breast, [endometrial](#), or young-onset colon cancer with [autosomal dominant](#) inheritance; or
2. Two or more first degree relatives with epithelial ovarian cancer.

Medical Evidence regarding Prophylactic Oophorectomy for Ovarian Cancer indicates it is not recommended in the following situations:

Prophylactic oophorectomy for ovarian cancer is not recommended for indications other than those listed above.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Poli-

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cies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 58150, 58262, 58291, 58552, 58554, 58661, 58720, 58940

Medical Term Definitions

Autosomal dominant

requires only one affected parent have the trait to pass it to offspring.

Endometrial

lining of the uterus.

Hereditary

the genetic transfer of a specific trait from parent to offspring.

Scientific Background and Reference Sources

Ngan HY, Shepherd JH, Familial Ovarian Cancer. *BR J Hosp Med*, 1994, Jul 13 - Aug 16; 52(2-3):99-102

Nguyen HN, Averette HE, Janicek M; Ovarian Carcinoma. A review of the significance of familial risk factors and the role of prophylactic oophorectomy in cancer prevention. *Cancer* 1994 Jul 15; 74(2): 545-55.

NIH Consensus Conference. Ovarian Cancer. Screening treatment and follow-up. *JAMA* 1995 Feb 8; 273(6): 591-7.

Gemos K, et. al. Indications for prophylactic ovariectomy in patients with colorectal carcinoma, *Minerva Chir* 1995 Jan-Feb; 50(1-2): 89-92

Medical Policy Advisory Group Review 3/99

Specialty Matched Consultant Advisory Panel 11/99

Medical Policy Advisory Group 12/2/1999

Specialty Matched Consultant Advisory Panel 11/2001

ECRI TARGET Report # 825, Bilateral prophylactic oophorectomy (BPO) for women at high risk of ovarian cancer; accessed 6/3/03 at <http://www.ecri.org>

Specialty Matched Consultant Advisory Panel - 8/2003

Policy Implementation/Update Information

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| 11/95 | Original policy issued. |
| 1/97 | Reaffirmed. |
| 3/99 | Reviewed by MPAG. Reaffirmed. |
| 6/99 | Reformatted, Medical Term Definitions added |
| 12/99 | Reaffirmed, Medical Policy Advisory Group |
| 4/01 | System changes |
| 11/01 | Specialty Matched Consultant Advisory Panel. No changes. Format changes. Typos corrected. |

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8/03 Specialty Matched Consultant Advisory Panel review 8/4/03. Benefits Application section revised. Key words added. CPT codes 56307 and 56308 removed from Billing/Coding section as these codes have been deleted from CPT. CPT codes 58262, 58291, 58552, 58554, and 58661 added to Billing/Coding section. Policy status changed to "Active policy, no longer scheduled for routine literature review."

9/18/06 Medical Policy changed to Evidence Based Guideline. (pmo)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.