Encounter for prophylactic removal of fallopian tube(s) for persons with no known genetic/familial risk factors

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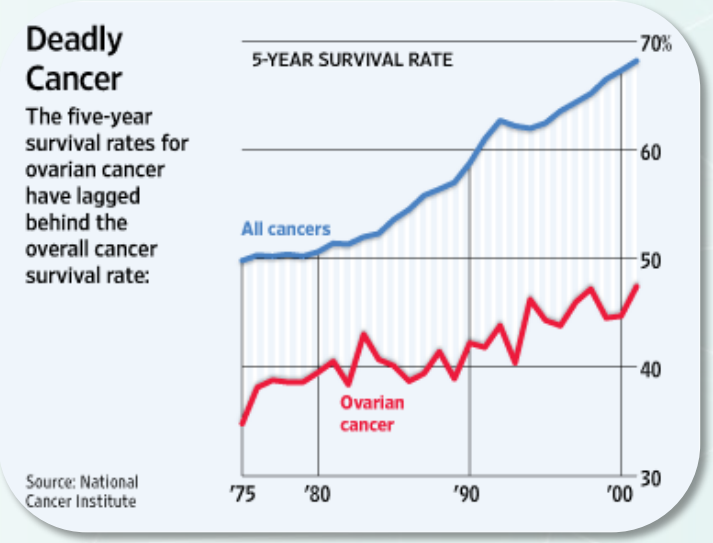
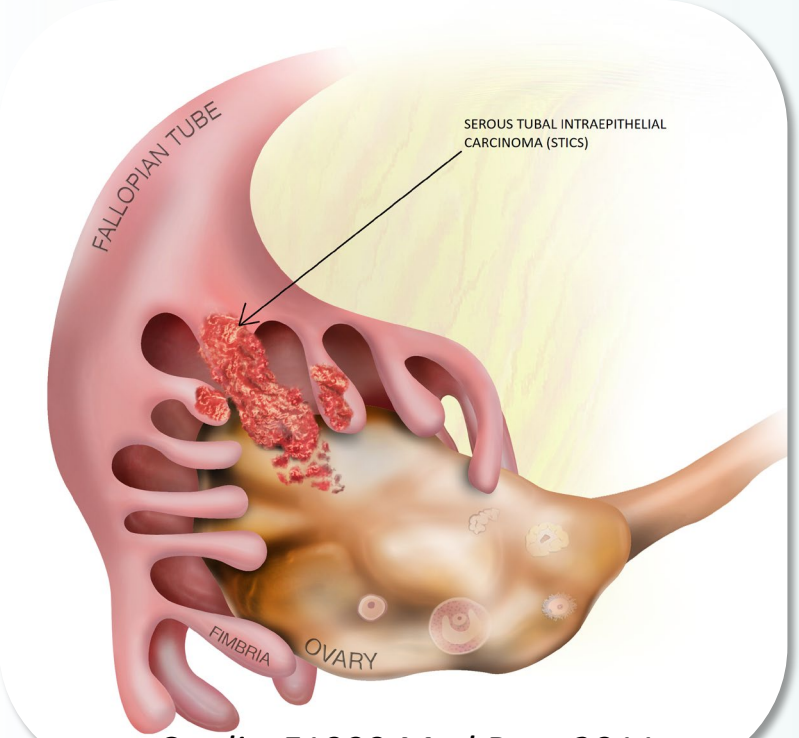
Ovarian Cancer: The Hard Facts

- A person is diagnosed with ovarian cancer every 40 minutes.
- There is no effective screening for ovarian cancer.
- Ovarian cancer survival rates remain low.



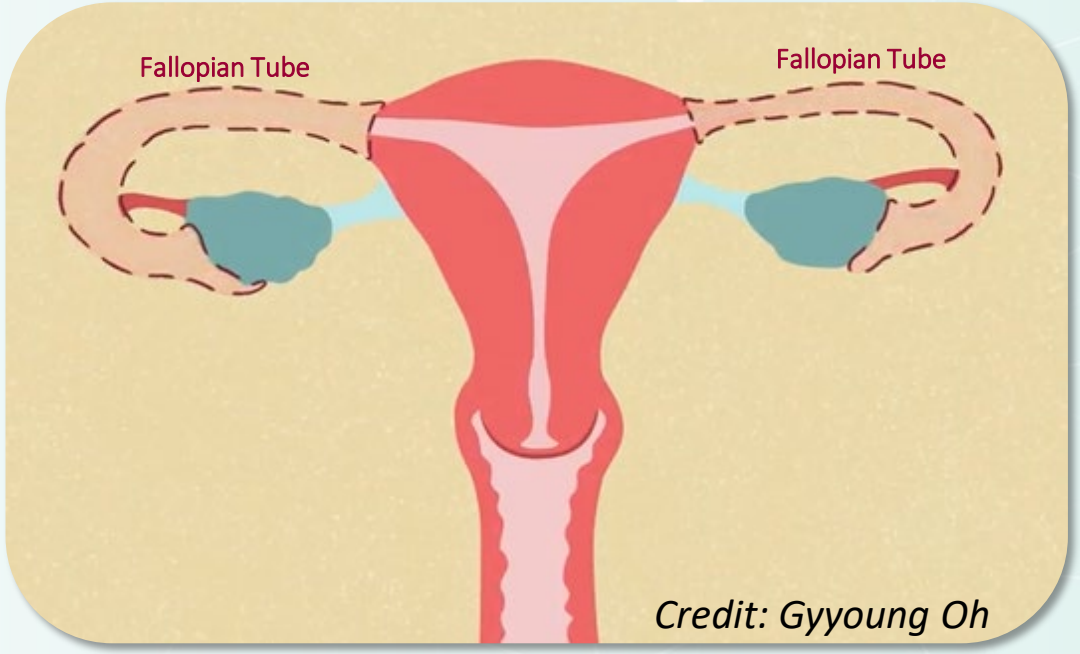
Bilateral Salpingectomy for Ovarian Cancer Prevention

- Most ovarian cancer starts in the fallopian tube – NOT in the ovary



Credit: F1000 Med Rep. 2011

- Removing both fallopian tubes (bilateral salpingectomy) reduces ovarian cancer risk by **65%**



Credit: Gyyoung Oh

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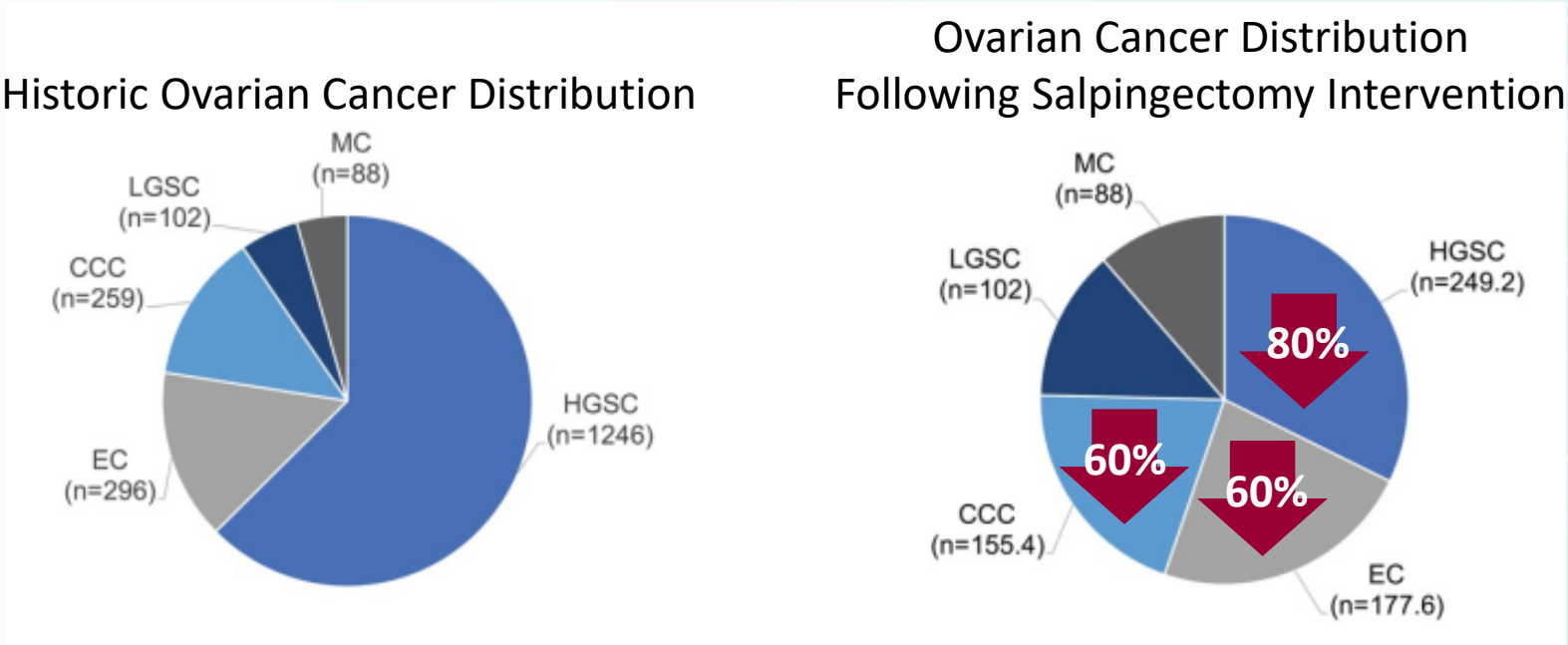
Bilateral Salpingectomy for Ovarian Cancer Prevention

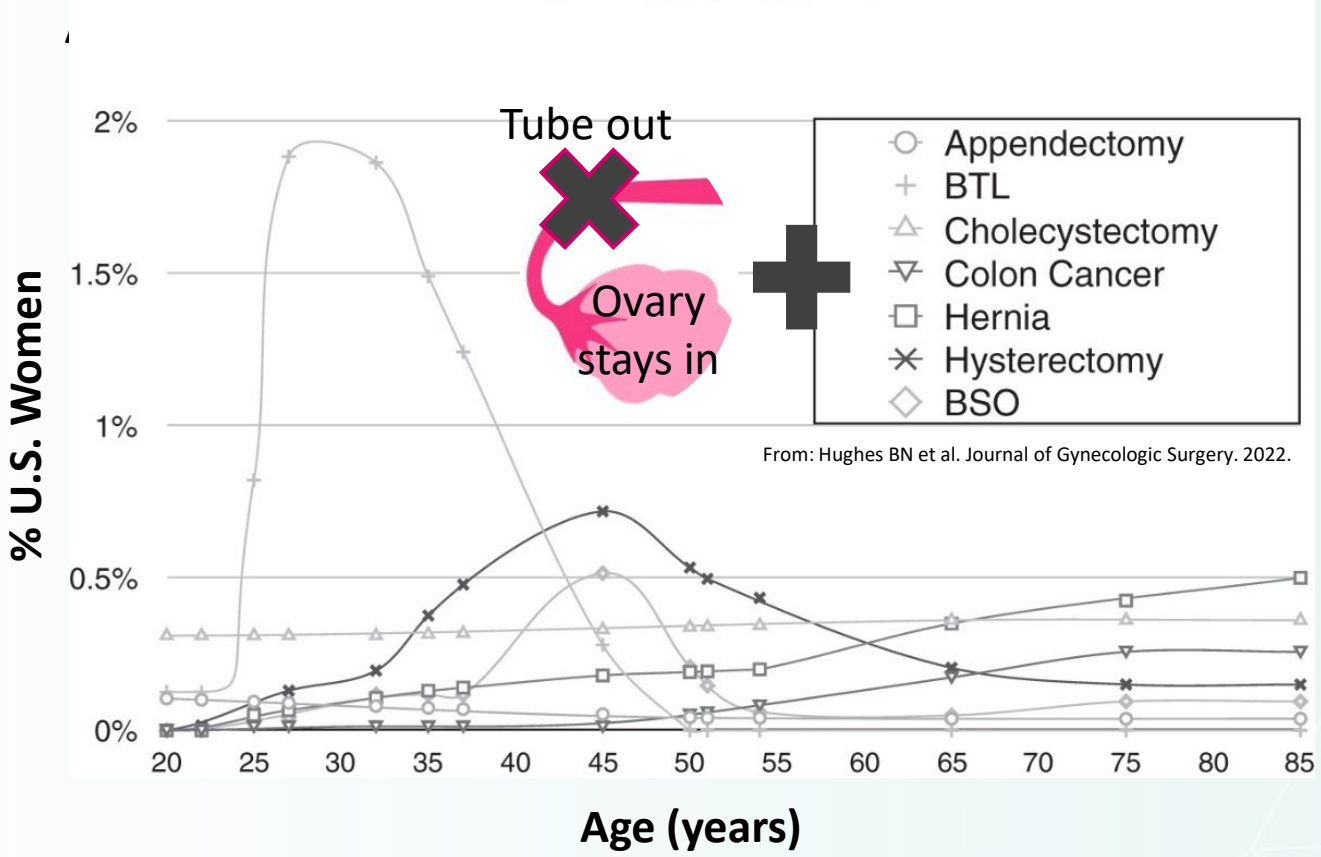
- Canadian prospective effectiveness study of salpingectomy with ovarian conservation at hysterectomy and in lieu of tubal ligation



Curr. Oncol. 2023, 30.

The Projected Impact of Opportunistic Salpingectomy:

removing the post-reproductive fallopian tubes at the time of another abdominal surgery or for sterilization in lieu of tubal ligation to decrease the risk of ovarian cancer in the general population



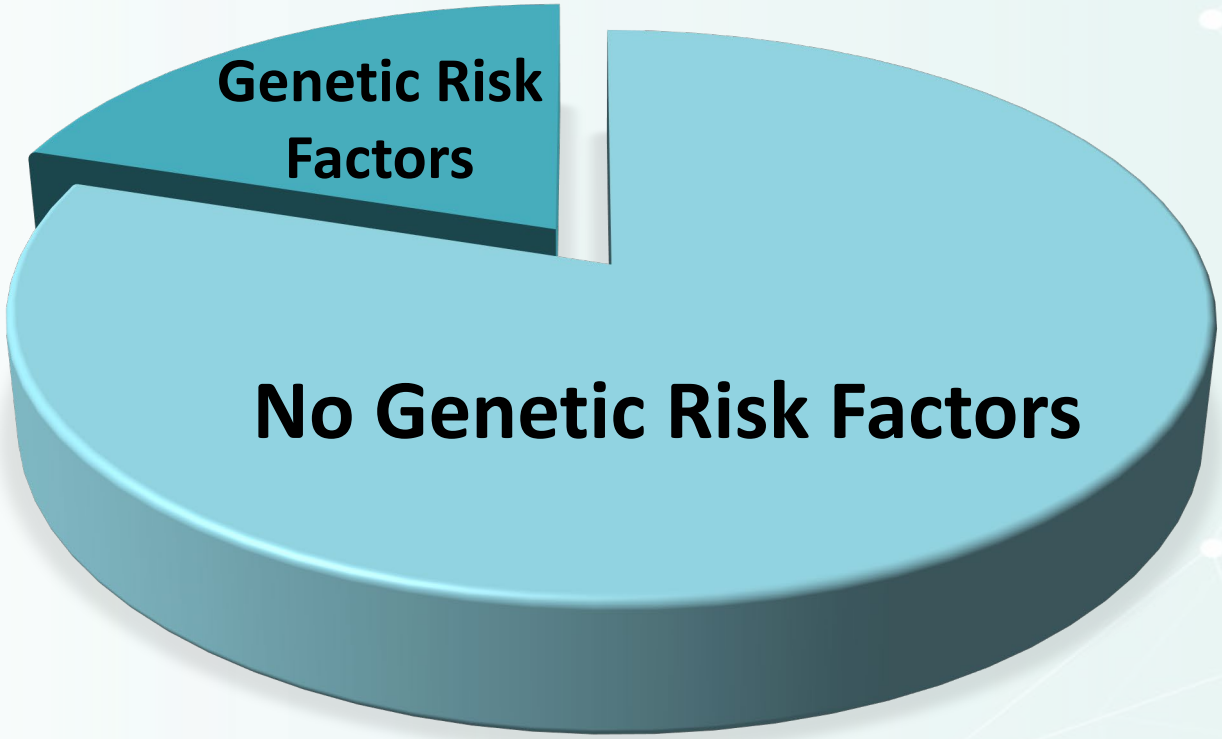
From: Hughes BN et al. Journal of Gynecologic Surgery. 2022.

8000+ fewer cases of ovarian cancer

5000+ fewer deaths from ovarian cancer

per year of surgery nationally

Most People Diagnosed With Ovarian Cancer Have NO Identifiable Genetic Risk Factors



Current ICD-10-CM Coding for Prophylactic Salpingectomy

Z40 - Encounter for prophylactic surgery
Z40.0 - Encounter for prophylactic surgery for risk factors related to malignant neoplasms

- Z40.00 - Encounter for prophylactic removal of unspecified organ
- Z40.01 - Encounter for prophylactic removal of breast
- Z40.02 - Encounter for prophylactic removal of ovary(s)
- **Z40.03 - Encounter for prophylactic removal of fallopian tube(s)**
- Z40.09 - Encounter for prophylactic removal of other organ

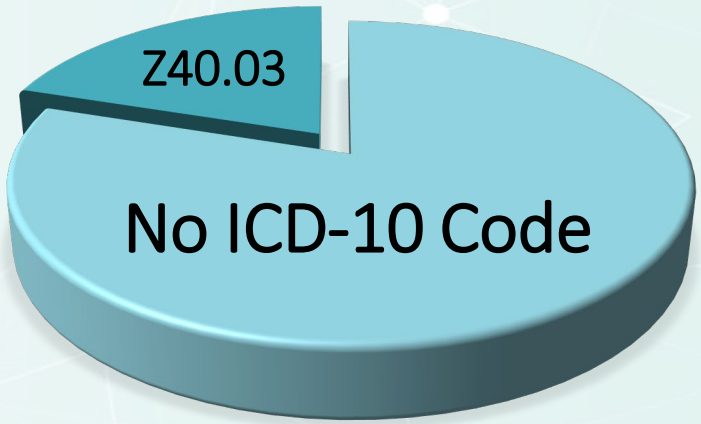
Miscellaneous Z Codes

The miscellaneous Z codes capture a number of other health care encounters that do not fall into one of the other categories. Some of these codes identify the reason for the encounter; others are for use as additional codes that provide useful information on circumstances that may affect a patient's care and treatment.

Prophylactic Organ Removal

For encounters specifically for prophylactic removal of an organ (such as prophylactic removal of breasts due to a genetic susceptibility to cancer or a family history of cancer), the principal or first-listed code should be a code from category Z40, Encounter for prophylactic surgery, followed by the appropriate codes to identify the associated risk factor (such as genetic susceptibility or family history).

If the patient has a malignancy of one site and is having prophylactic removal at another site to prevent either a new primary malignancy or metastatic disease, a code for the malignancy should also be assigned in addition to a code from subcategory Z40.0, Encounter for prophylactic surgery for risk factors related to malignant neoplasms. A Z40.0 code should not be assigned if the patient is having organ removal for treatment of a malignancy, such as the removal of the testes for the treatment of prostate cancer.



Implications of Not Updating ICD-10-CM Coding For Prophylactic Salpingectomy

- Lack of equitable access to an important cancer prevention service – salpingectomy for ovarian cancer risk-reduction in the general population of people who have no known familial/genetic risk factors

- Epidemiologic impasse – inability to track the uptake of prophylactic salpingectomy for ovarian cancer risk-reduction in the general population and to know its impact on ovarian cancer incidence and mortality

ICD-10 coding needs to be updated to account for the standard of care provision of bilateral salpingectomy for ovarian cancer risk reduction to the general population

Proposed Revisions to ICD-10-CM Coding for Prophylactic Salpingectomy

- Use Z40.04 for prophylactic salpingectomy for persons with no familial/genetic risk factors
  - Z40.03 pertains to prophylactic removal of fallopian tubes and Z40.04 should be reserved for prophylactic removal of a different organ
- Keep Z40.03 and revise instructional note at Z40 to state: 'Use additional code to identify risk factor' or 'Use additional code to identify risk factor *if applicable*'
  - There is no code for the most basic risk factor of simply having fallopian tubes
  - Omission rate for secondary diagnoses is high; low fidelity way for ensuring that the indication for salpingectomy is consistently known
- Create a new coding structure that differentiates encounters for prophylactic removal of fallopian tube(s) for persons with known genetic/familial risk factors (Z40.031) from encounters for persons with no known genetic/familial risk factors (Z40.032)

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