

310-L - HYSTERECTOMY

EFFECTIVE DATES: 10/01/94, 10/01/18, 11/27/18, 10/30/19

APPROVAL DATES: 05/01/97, 10/01/01, 10/01/06, 05/01/11, 07/01/11, 09/27/18, 08/15/19

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, American Indian Health Program (AIHP); and all FFS providers, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for Hysterectomy services in accordance with 42 CFR 441.250 et seq.

II. DEFINITIONS

HYSTERECTOMY A medical procedure or operation for the purpose of removing the uterus as specified in 42 CFR 441.251.

III. POLICY

A Hysterectomy is a medically indicated procedure that is exempt from a 30 day waiting period. Coverage of Hysterectomy services is limited to those cases in which medical necessity has been established by careful diagnosis. Exclusions are specified below. Prior to performing a Hysterectomy, providers shall establish medical necessity in part by providing documentation of the trial of medical or surgical therapy which has not been effective in treating the member's condition, including the length of such trials.

A. EXAMPLES OF CONDITIONS WHEN HYSTERECTOMY MAY BE INDICATED

1. Dysfunctional Uterine Bleeding or Benign Fibroids associated with Dysfunctional Bleeding: a Hysterectomy may be indicated for a member for whom medical and surgical therapy has failed, and for which the member has confirmed childbearing is not a consideration.
2. Endometriosis: a Hysterectomy may be indicated for a member with severe disease when the member has confirmed childbearing is not a consideration, and when disease is refractory to medical or surgical therapy.
3. Uterine Prolapse: a Hysterectomy may be indicated for a symptomatic member who has confirmed childbearing is not a consideration and for whom non-operative and/or surgical correction (i.e. suspension or repair), will not provide the member adequate relief.

B. CONDITIONS WHERE THERAPY IS NOT REQUIRED PRIOR TO HYSTERECTOMY

Hysterectomy services may be considered medically necessary without prior trial of therapy in limited circumstances, including but not limited to the following cases:

1. Invasive carcinoma of the cervix.
2. Ovarian carcinoma.
3. Endometrial carcinoma.
4. Carcinoma of the fallopian tube.
5. Malignant gestational trophoblastic disease.
6. Life-threatening uterine hemorrhage, uncontrolled by conservative therapy, or
7. Potentially life-threatening hemorrhage as in cervical pregnancy, interstitial pregnancy, or placenta abruption.

C. PRIOR ACKNOWLEDGMENT AND DOCUMENTATION

Except as described in the Section of Exceptions from Prior Acknowledgement, providers shall comply with the following requirements prior to performing the Hysterectomy:

1. Inform the member and member's representative, if any, both orally and in writing that the Hysterectomy will render the member incapable of reproducing (i.e. result in sterility).
2. Obtain from the member or member's representative, if any, a signed and dated written acknowledgment stating that the information above has been received and that the member has been informed and understands that the Hysterectomy will result in sterility. This documentation shall be kept in the member's medical record. A copy shall also be kept in the member's medical record maintained by the PCP if enrolled with a Contractor.

Providers may use the Hysterectomy Consent and Acknowledgement Form as specified in AMPM Policy 820, Attachment A.

D. EXCEPTIONS FROM PRIOR ACKNOWLEDGEMENT

Providers are not required to complete AMPM Policy 820, Attachment A prior to performing Hysterectomy procedures if the physician performing the Hysterectomy documents one of the following circumstances:

1. The member was already sterile before the Hysterectomy. In this instance the physician shall certify in writing that the member was already sterile at the time of the Hysterectomy and specify the cause of sterility. If the cause of sterility is unknown, documentation shall include the specific tests and test results conducted to determine sterility.
2. The member requires a Hysterectomy because of a life-threatening emergency situation in which the physician determines that prior acknowledgement is not possible. In this circumstance the physician shall certify in writing that the Hysterectomy was performed under a life-threatening emergency situation in which the physician determined that prior acknowledgement was not possible. The physician shall also include a description of the nature of the emergency.

E. LIMITATIONS

1. AHCCCS does not cover a Hysterectomy procedure if:
 - a. It is performed solely to render the individual permanently incapable of reproducing,
or
 - b. There was more than one purpose to the procedure, and it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

Refer to AMPM Policy 820 for prior authorization requirements for FFS providers.