



310-L HYSTERECTOMY

REVISION DATES: 07/01/2011, 10/01/06, 10/01/01, 05/01/97

REVIEW DATE: 05/01/2011

INITIAL

EFFECTIVE DATE: 10/01/1994

DESCRIPTION

AHCCCS covers medically necessary hysterectomy services in accordance with federal regulations 42 CFR 441.250 et seq. Federal regulations 42 CFR 441.251 defines a *hysterectomy* as a medical procedure or operation for the purpose of removing the uterus. *Sterilization* is defined by this regulation as any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

AMOUNT, DURATION AND SCOPE

AHCCCS does not cover a hysterectomy procedure if:

1. It is performed solely to render the individual permanently incapable of reproducing or
2. There was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

Coverage of hysterectomy services is limited to those cases in which **medical necessity** has been established by careful diagnosis, and, except as specified in Section B, below, **prior** to hysterectomy, there has been *a trial of medical or surgical therapy which has not been effective in treating the member's condition*.

A. EXAMPLES OF CONDITIONS WHEN HYSTERECTOMY MAY BE INDICATED:

1. Dysfunctional Uterine Bleeding or Benign Fibroids associated with Dysfunctional Bleeding: A hysterectomy may be considered for members for whom medical and surgical therapy has failed, and childbearing is no longer a consideration.



2. Endometriosis: A hysterectomy is indicated for members with severe disease when future child-bearing is not a consideration, and when disease is refractory to medical or surgical therapy
3. Uterine Prolapse: A hysterectomy may be indicated for the symptomatic women for whom childbearing is no longer 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 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 Section D, the provider must comply with the following requirements **prior** to performing the hysterectomy:

1. Inform the member and her representative, if any, both orally and in writing that the hysterectomy will render the member incapable of reproducing i.e. result in sterility, and
2. Obtain from the member or representative, if any, a signed dated written acknowledgment stating that the information in number 1 above has been received and that the individual has been informed and understands the consequences of having a hysterectomy, i.e., that it will result in sterility. This documentation must be kept in the member's medical record. A copy must also be kept in the member's medical record maintained by the primary care



provider if enrolled with a Contractor.

The provider is not required to complete a Consent to Sterilization form prior to performing hysterectomy procedures and the 30 day waiting period required for sterilization does not apply to hysterectomy procedures described in this Policy.

D. EXCEPTIONS FROM PRIOR ACKNOWLEDGEMENT

The physician performing the hysterectomy is not required to obtain prior acknowledgment in either of the following situations:

1. The member was already sterile before the hysterectomy. In this instance the physician must certify in writing that the member was already sterile at the time of the hysterectomy and specify the cause of 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 must 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.

Contractors may elect to use the sample hysterectomy consent form for Fee-For-Service (FFS) providers found in AMPM Chapter 800 (Exhibit 820-1) or they may elect to use other formats.

Refer to AMPM Chapter 800 for prior authorization requirements for FFS providers.