

310-L HYSTERECTOMY

~~INITIAL~~

EFFECTIVE DATEs: 10/01/~~1994~~, 10/01/18¹

REVISION DATEs: 05/01/97, 10/01/01, 10/01/06, 05/01/11, 07/01/11, 09/27/18²

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS /E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, American Indian Health Program (AIHP); and all FFS populations, Federal Emergency Services (FES), see AMPM Chapter 1100). This Policy establishes requirements for hysterectomy services in accordance with 42 CFR 441.250 et seq.³

II. DEFINITIONS⁴

HYSTERECTOMY

A medical procedure or operation for the purpose of removing the uterus.

INSTITUTIONALIZED INDIVIDUAL⁵

As specified in 42 CFR 441.251, An individual who is:

1. Involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital, or
2. Other facility for the care of treatment of mental illness.

As specified in 42 CFR 441.251.

MENTALLY INCOMPETENT⁶

An individual who has been declared mentally incompetent by a Federal, State, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purpose which include the ability to consent to sterilization as specified in 42 CFR 441.251.

STERILIZATION

Any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

III. POLICY

¹ Date Policy is effective

² Date presented at APC Meeting

³ Adding purpose to indicate applicability and purpose of the Policy

⁴ Reformatting of definitions

⁵ Adding definition for clarification surrounding additional requirements

⁶ Adding definition for clarification surrounding additional requirements

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.~~⁷

~~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 reproduction.~~
AMOUNT, DURATION AND SCOPE⁸ AHCCCS does not cover a hysterectomy procedure if:

Coverage of hysterectomy services is limited to those cases in which medical necessity has been established by careful diagnosis, and, ~~except with e~~Exclusions⁹ ~~as are~~ specified below. ~~P~~prior to performing a hysterectomy, there has been ~~a~~documentation relating to the trial of medical or surgical therapy which has not been effective in treating the member's condition ~~must be documented.~~¹⁰

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—indicated~~ for members for whom medical and surgical therapy has failed, and for which the member has confirmed childbearing is ~~no longer not~~ a consideration.
2. Endometriosis: A hysterectomy ~~is—may be~~ indicated for members with severe disease when the member has confirmed ~~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 the member has confirmed childbearing is ~~no longer 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

⁷ Moved to end of this Policy

⁸ Moved to the Purpose

⁹ Grammatical changes made throughout Policy

¹⁰ Clarification

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,⁵ 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 providers must~~ shall comply with the following requirements prior to performing the hysterectomy:

1. The member shall be at least 21 years old at the time consent is obtained.
2. The member is not a mentally incompetent individual or an institutionalized individual.¹¹
3. ~~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~~
4. ~~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-member has been informed and understands the consequences of having a hysterectomy, i.e., that it will result in sterility. that the hysterectomy will result in sterility.~~¹² 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-member~~ has been informed and understands ~~the consequences of having a hysterectomy, i.e., that it will result in sterility. that the hysterectomy 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~~ PCP if enrolled with a Contractor.

¹¹ Adding additional requirements under federal coverage requirements

¹² Revised for better flow

~~—A hysterectomy consent and acknowledgement form shall be completed by the Contractor or FFS Providers and allow for a 30 day waiting period as specified in 42 CFR 441.258. Contractors may elect to shall use the sample Hysterectomy Consent and Acknowledgement Form for FFS providers found as specified in AMPM Chapter 800 Policy 820¹³, Attachment A¹⁴ or they may elect to use other formats as long as the form includes the same information and signatures as the AHCCCS Hysterectomy Acknowledgement Form.^{15,16}~~

~~3.—~~

~~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.¹⁷~~

D. EXCEPTIONS FROM PRIOR ACKNOWLEDGEMENT

~~The provider is~~ Providers are not required to complete AMPM Policy 820, Attachment A, prior to performing hysterectomy procedures and/or the 30 day waiting period required for sterilization if ~~the~~ the physician performing the hysterectomy determines is not required to obtain prior acknowledgment in either of the following situations:¹⁸

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, Attachment A (Exhibit 820-1) or they may elect to use other formats.¹⁹~~

E. LIMITATIONS

¹³ POST APC CHANGE: updated to AMPM Policy 820

¹⁴ Exhibits have changed to Attachments updated accordingly

¹⁵ POST APC CHANGE: clarified language in section

¹⁶ Moved up and added clarification

¹⁷ Moved to section D

¹⁸ Moved for better flow

¹⁹ Moved to section C

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, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.²⁰

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

OPEN UNTIL 11/11/18

²⁰ Moved from above