

### 310-L - HYSTERECTOMY

EFFECTIVE DATES: 10/01/94, 10/01/18, 11/27/18, 10/30/19, [UPON PUBLISHING](#)<sup>1</sup>

APPROVAL DATES: 05/01/97, 10/01/01, 10/01/06, 05/01/11, 07/01/11, 09/27/18, 08/15/19, [03/05/25](#)<sup>2</sup>

#### I. PURPOSE

This Policy applies to ACC, [ACC-RBHA](#)<sup>3</sup>, ALTCS E/PD, [DCS CHP \(CHP\)](#)<sup>4</sup>~~DCS/CMDP (CMDP)~~, and [DES/ DDD \(DDD\)](#), ~~and RBHA~~ Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS; and all FFS providers, excluding Federal Emergency Services [Program](#)<sup>5</sup> (FESP). (For FESP, ~~see~~ [refer to](#) AMPM Chapter 1100). This Policy establishes requirements for hysterectomy services in accordance with 42 CFR 441.250 et seq.

Refer to AMPM Policy 820 for Prior Authorization (PA) requirements for FFS providers.

#### II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

**~~HYSTERECTOMY~~**

~~A medical procedure or operation for the purpose of removing the uterus as specified in 42 CFR 441.251.~~<sup>6</sup>

#### III. POLICY

A hysterectomy is a medically ~~indicated~~ [necessary](#)<sup>7</sup> 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. Prior to performing a [non-emergent](#)<sup>8</sup> 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, [when applicable](#).

<sup>1</sup> [Date Policy is effective.](#)

<sup>2</sup> [Date Policy is approved.](#)

<sup>3</sup> [Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded AHCCCS Complete Care \(ACC\) Contractors.](#)

<sup>4</sup> [Comprehensive Medical and Dental Program \(CMDP\) changed to Comprehensive Health Plan \(CHP\) due to Behavioral health integration.](#)

<sup>5</sup> [Added program to complete wording for Federal Emergency Services Program \(FESP\).](#)

<sup>6</sup> [Removed to align with Contract and Policy formatting standards. Common terms can be found in the AHCCCS Contract and Policy Dictionary.](#)

<sup>7</sup> [Updated to align with standard language for medically necessary.](#)

<sup>8</sup> [Added to clarify exclusion of emergent circumstances.](#)

**A. EXAMPLES OF CONDITIONS WHEN HYSTERECTOMY MAY BE ~~INDICATED~~ MEDICALLY NECESSARY<sup>9</sup>**

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.~~<sup>10</sup>
- ~~1.2.~~ Endometriosis: a hysterectomy may be indicated for a member with severe disease when ~~the member has confirmed childbearing is not a consideration, and when~~<sup>11</sup> 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~~ who is non-operative and/or for whom<sup>12</sup> surgical correction (i.e., suspension or repair); will not provide the member adequate relief.

The decision to proceed with any of the medically necessary interventions described as examples in section A of this policy should be made based on the treating practitioner's confirmation that childbearing is not a consideration for the member receiving treatment.<sup>13</sup>

**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.

<sup>9</sup> Revised to align with standard language.

<sup>10</sup> Removed to clarify.

<sup>11</sup> Removed to clarify.

<sup>12</sup> Language changed for clarity.

<sup>13</sup> Added to clarify when a treating practitioner's confirmation is required.

### C. PRIOR ACKNOWLEDGMENT AND DOCUMENTATION

~~Except as described in the Section of Exceptions from Prior Acknowledgement,<sup>14</sup>~~  
~~Providers~~ shall comply with the following requirements prior to performing the hysterectomy:

- ~~1.~~ Inform the member ~~and member's/Health Care Decision Maker (HCDM)/Designated Representative (DR)<sup>15</sup> representative,~~ if any, both orally and in writing that the hysterectomy will render the member incapable of reproducing (i.e., result in sterility).
- ~~1.2.~~ Obtain from the member/~~HCDM/DR 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 Primary Care Physician<sup>16</sup> (PCP) if enrolled with a Contractor. Providers are responsible for completion of a consent and acknowledgement form with the receiving member prior to surgery. Providers may use the Fee for Service Hysterectomy Consent Form in AMPM Policy 820, Attachment A or an equivalent form with the same information.

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

### D. EXCEPTIONS FROM PRIOR ACKNOWLEDGEMENT

The Providers ~~are not required to~~ shall complete AMPM Policy 820, Attachment A or an equivalent form<sup>17</sup> prior to performing hysterectomy procedures ~~if unless~~ the physician performing the hysterectomy documents one of the following ~~circumstances~~ exceptions<sup>18</sup>:

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<sup>19</sup> 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.

<sup>14</sup> Removed for clarity of flow.

<sup>15</sup> Updated term to reflect consistency, updated throughout policy.

<sup>16</sup> Spelled out acronyms for clarity throughout the policy.

<sup>17</sup> Clarifying Attachment A or equivalent form.

<sup>18</sup> Added shall to specify the requirement for a hysterectomy consent form in the absence of one of the exceptions noted in #1 or #2.

<sup>19</sup> Language revised for clarity.

**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.

