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310-L HYSTERECTOMY

REVIEW DATE:

EFFECTIVE DATE: MM/DD/YYYY

REFERENCES: 42 CFR 441.250 et seq, 42 CFR 441.251, 42 CFR 441.255,
AMPM 820.

PURPOSE

This Policy establishes the requirements for coverage of Hysterectomy services in accordance with 42 CFR 441.250 et seq for Members who seek to obtain a medically necessary Hysterectomy. This policy applies to the Administrative Services Subcontractors (AdSS).

DEFINITIONS

1. "Hysterectomy" means a medical procedure or operation for the purpose of removing the uterus as specified in 42 CFR 441.251.
2. "Initial Medical Acknowledgement" means documentation of the Member's understanding prior to surgery, the procedure will render them sterile.
3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

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26 4. "Responsible Person" means the parent or guardian of a minor
27 with a developmental disability, the guardian of an adult with a
28 developmental disability or an adult with a developmental
29 disability who is a member or an applicant for whom no guardian
30 has been appointed.
- 31 5. "Second Level Review" means a review performed by a Division
32 of Developmental Disabilities (Division) Medical Director who has
33 the appropriate clinical expertise in managing a Member's
34 condition or disease. Second Level Review is used to screen for
35 medical necessity and compare the findings to clinical data in the
36 Member's medical record to ensure AdSS Members are
37 receiving medically appropriate and high quality care.
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39 6. "Sterilization" means any medical procedure, treatment, or
40 operation for the purpose of rendering an individual permanently
41 incapable of reproducing as specified in 42 CFR 441.251.

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43 **POLICY**

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45 **A. CONDITIONS WHEN A HYSTERECTOMY IS COVERED IF DEEMED**
46 **MEDICALLY NECESSARY**

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48 1. The AdSS shall cover a Hysterectomy for the following conditions
49 when medically necessary:
- 50 a. Dysfunctional Uterine Bleeding or Benign Fibroids
51 associated with Dysfunctional Bleeding, when medical and
52 surgical therapy has failed, and childbearing is no longer a
53 consideration;
- 54 b. Endometriosis, with severe disease when future
55 child-bearing is not a consideration, and when disease is
56 refractory to medical or surgical therapy; or
- 57 c. Uterine Prolapse, when childbearing is no longer a
58 consideration and for whom non-operative or surgical
59 correction, suspension or repair, will not provide the
60 Member adequate relief.
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64 **B. CONDITIONS WHERE MEDICAL OR SURGICAL INTERVENTION**
65 **IS NOT REQUIRED PRIOR TO HYSTERECTOMY**
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- 67 1. The AdSS shall cover medically necessary Hysterectomy services
68 without prior trial of medical or surgical intervention in the

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70 following cases:
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72 a. Invasive carcinoma of the cervix;
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74 b. Ovarian carcinoma;
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76 c. Endometrial carcinoma;
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78 d. Carcinoma of the fallopian tube;
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80 e. Malignant gestational trophoblastic disease;
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82 f. Life-threatening uterine hemorrhage, uncontrolled by
83 conservative therapy;
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85 g. Potentially life-threatening hemorrhage as in cervical
86 pregnancy, interstitial pregnancy, or placenta abruption; or
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88 h. Other potentially life threatening conditions where removal
of the reproductive organs is necessary and considered the
standard of care.
- 89 2. The AdSS shall require the provider to complete AMPM
90 Attachment 820-A prior to performing Hysterectomy procedures.

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93 **C. MEDICAL ACKNOWLEDGEMENT AND DOCUMENTATION**
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- 95 1. The AdSS shall require providers comply with the following

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97 requirements prior to performing the Hysterectomy:
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99 a. Inform the Responsible Person both orally, in the Member's
100 medical records and in AMPM Attachment 820-A that the
101 Hysterectomy will render the Member incapable of
102 reproducing, resulting in sterility;
- 103 b. Obtain from the Responsible Person a signed, and dated
104 written acknowledgment stating that the information in
105 AMPM Attachment 820-A has been received and that the
106 individual has been informed and understands that the
107 Hysterectomy will result in sterility.
- 108 2. The AdSS shall require a signed, and dated written
109 acknowledgment is kept in the Member's medical record
110 maintained by the Primary Care Provider (PCP) if enrolled with
111 an AdSS.
- 112 4. The AdSS shall require providers use AMPM Attachment 820-A as
113 specified in AMPM 820.

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D. EXCEPTIONS FROM INITIAL MEDICAL ACKNOWLEDGEMENT

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118 1. The AdSS shall not require the physician performing the
119 Hysterectomy to obtain Initial Medical Acknowledgment in either
120 of the following situations:
- 121 a. The Member was already sterile before the Hysterectomy.
- 122 i. In this instance the physician shall certify in writing
123 that the Member was already sterile at the time of
124 the Hysterectomy and specify the cause of sterility.
- 125 ii. Documentation shall include the specific tests and
126 test results conducted to determine sterility if the
127 cause of sterility is unknown; or
- 128
- 129 b. The Member requires a Hysterectomy because of a
130 life-threatening emergency situation in which the physician
131 determines that Initial Medical Acknowledgement is not
132 possible. In this circumstance, the physician shall
133 document in the Member's medical records and in AMPM
134 Attachment 820-A that the Hysterectomy was performed
135 under a life-threatening emergency situation in which the
136 physician determined that Initial Medical Acknowledgement
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139 was not possible.

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141 2. The physician shall include a description of the nature of the
142 emergency in the Member's medical record and when AMPM
143 Attachment 820-A is submitted to the AdSS.

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146 **E. LIMITATIONS**

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148 1. The AdSS shall not cover a Hysterectomy if:
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150 a. It is performed solely to render the individual permanently
151 incapable of reproducing; or
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153 b. There was more than one purpose to the procedure, and
154 the procedure would not have been performed but for the
155 purpose of rendering the individual permanently incapable
of reproducing.

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158 **F. SECOND LEVEL REVIEW**

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160 1. The AdSS shall:
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162 a. Submit all approvals or denials for Hysterectomies to the
163 Division for Second Level Review prior to the completion of

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165 the procedure, except in the event of a life-threatening
166 emergency situation; and

167 b. Submit all life-threatening emergency Hysterectomy cases
168 to the Division for retrospective review.

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172 **SUPPLEMENTAL INFORMATION**

173 Coverage of Hysterectomy services is limited to those cases in which
174 medical necessity has been established by careful diagnosis. Prior to
175 performing a Hysterectomy, providers shall establish medical necessity
176 in part by providing documentation relating to the trial of medical or
177 surgical therapy which has not been effective in treating the Member's
178 condition. The length of such trials shall also be documented in the
179 Member's medical records.

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Signature of Chief Medical Officer:

Draft Policy for Public Comment