

310-L HYSTERECTOMY

REVISION DATE: 2/7/2024

REVIEW DATE: 7/3/2023

EFFECTIVE DATE: November 17, 2017

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 within the Division of Developmental Disabilities who seek to obtain a medically necessary Hysterectomy.

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.

4. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a member or an applicant for whom no guardian has been appointed.
5. “Second Level Review” means a review performed by a Division of Developmental Disabilities (Division) Medical Director who has the appropriate clinical expertise in managing a Member’s condition or disease. Second Level Review is used to screen for medical necessity and compare the findings to clinical data in the Member’s medical record to ensure Division Members are receiving medically appropriate and high quality care.
6. “Sterilization” means any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing as specified in 42 CFR 441.251.

POLICY

A. CONDITIONS WHEN A HYSTERECTOMY SHALL BE COVERED IF DEEMED MEDICALLY NECESSARY

1. The Division shall cover a Hysterectomy for the following conditions when medically necessary:
 - a. Dysfunctional Uterine Bleeding or Benign Fibroids associated with Dysfunctional Bleeding, when medical and surgical therapy has failed, and childbearing is no longer a consideration;
 - b. Endometriosis, with severe disease when future child-bearing is not a consideration, and when disease is refractory to medical or surgical therapy; or
 - c. Uterine Prolapse, when childbearing is no longer a consideration and for whom non-operative or surgical correction, suspension or repair, will not provide the Member adequate relief.

B. CONDITIONS WHERE MEDICAL OR SURGICAL INTERVENTION IS NOT REQUIRED PRIOR TO HYSTERECTOMY

1. The Division shall cover medically necessary Hysterectomy services without prior trial of medical or surgical intervention in the following cases:
 - a. Invasive carcinoma of the cervix;
 - b. Ovarian carcinoma;
 - c. Endometrial carcinoma;
 - d. Carcinoma of the fallopian tube;
 - e. Malignant gestational trophoblastic disease;
 - f. Life-threatening uterine hemorrhage, uncontrolled by conservative therapy;
 - g. Potentially life-threatening hemorrhage as in cervical pregnancy, interstitial pregnancy, or placenta abruption; or
 - h. Other potentially life threatening conditions where removal of the reproductive organs is necessary and considered the standard of care.

2. The Division shall require the provider to complete AMPM

Attachment 820-A prior to performing Hysterectomy procedures.

C. MEDICAL ACKNOWLEDGEMENT AND DOCUMENTATION

1. The Division shall require providers comply with the following requirements prior to performing the Hysterectomy:
 - a. Inform the Responsible Person both orally, in the Member's medical records and in AMPM Attachment 820-A that the Hysterectomy will render the Member incapable of reproducing, resulting in sterility;
 - b. Obtain from the Responsible Person a signed and dated written acknowledgment stating that the information in AMPM Attachment 820-A has been received and that the individual has been informed and understands that the Hysterectomy will result in sterility.
2. The Division shall require the Primary Care Provider (PCP) keep a signed, and dated written acknowledgment in the Member's medical records.

3. The Division shall require providers use AMPM Attachment 820-A as specified in AMPM 820.

D. EXCEPTIONS FROM INITIAL MEDICAL ACKNOWLEDGEMENT

1. The Division shall not require the physician performing the Hysterectomy to obtain Initial Medical Acknowledgment in either of the following situations:
 - a. The Member was already sterile before the Hysterectomy.
 - i. 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.
 - ii. Documentation shall include the specific tests and test results conducted to determine sterility if the cause of sterility is unknown; or
 - b. The Member requires a Hysterectomy because of a life-threatening emergency situation in which the physician determines that Initial Medical 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 Initial Medical Acknowledgement was not possible.

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

E. LIMITATIONS

1. The Division shall not cover a Hysterectomy 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 the procedure would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

F. SECOND LEVEL REVIEW

1. The Division Medical Director shall:
 - a. Complete a Second Level Review of all approvals or denials for all requests for Hysterectomies for Members prior to the completion of the procedure, except in the event of a life-threatening emergency situation;
 - b. Ensure all life-threatening emergency Hysterectomy cases are submitted to the Division for retrospective review;
 - c. Consult with the AHCCCS Medical Director for Tribal Health Plan (THP) or the assigned AdSS health plan's Medical Director when there are questions regarding the Hysterectomy; and
 - d. Have the final authority to approve or deny a Hysterectomy, except in the event of a life-threatening emergency situation.

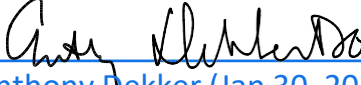
G. DIVISION OVERSIGHT

1. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:
 - a. Annual Operational Review of each AdSS,
 - b. Review and analyze deliverable reports submitted by the AdSS, and
 - c. Conduct oversight meetings with the AdSS for the purpose of:
 - i. Reviewing compliance,
 - ii. Addressing concerns with access to care or other quality of care concerns,
 - iii. Discussing systemic issues, and
 - iv. Providing direction or support to the AdSS as necessary.

SUPPLEMENTAL INFORMATION

Coverage of Hysterectomy services is limited to those cases in which medical necessity has been established by careful diagnosis. Prior to

performing a Hysterectomy, providers shall establish medical necessity in part by providing documentation relating to the trial of medical or surgical therapy which has not been effective in treating the Member's condition. The length of such trials shall also be documented in the Member's medical records.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jan 30, 2024 10:24 MST\)](#)
Anthony Dekker, D.O.