

1 **310-L HYSTERECTOMY**

2 REVISION DATE: MM/DD/YYYY

3 REVIEW DATE:

4 EFFECTIVE DATE: November 17, 2017

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

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8 **PURPOSE**

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10 This Policy establishes the requirements for coverage of Hysterectomy

11 services in accordance with 42 CFR 441.250 et seq for Members within the

12 Division of Developmental Disabilities who seek to obtain a medically

13 necessary Hysterectomy.

14

15 ~~Medically necessary hysterectomy services are covered in accordance with~~

16 ~~federal regulations 42 CFR 441.250 et seq. Federal regulation 42 CFR~~

17 ~~441.251 defines a hysterectomy as "a medical procedure or operation for the~~

18 ~~purpose of removing the uterus." Sterilization is defined by this regulation as~~

19 ~~"any medical procedure, treatment, or operation for the purpose of~~

20 ~~rendering an individual permanently incapable of reproducing."~~

21 ~~The Division does not cover a hysterectomy procedure if:~~

22 ~~A. It is performed solely to render the individual permanently incapable of~~

23 ~~reproducing, or~~

24 ~~B. — There was more than one purpose to the procedure, it would not have~~
25 ~~been performed but for the purpose of rendering the individual~~
26 ~~permanently incapable of reproducing.~~

27 ~~Coverage of hysterectomy services is limited to those cases in which medical~~
28 ~~necessity has been established by careful diagnosis and there has been a~~
29 ~~trial of medical or surgical therapy which has not been effective in treating~~
30 ~~the member's condition, except for those conditions as specified below.~~

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32 **DEFINITIONS**

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34 1. **"Hysterectomy" means a medical procedure or operation**
35 **for the purpose of removing the uterus as specified in 42**
36 **CFR 441.251.**

37 2. **"Initial Medical Acknowledgement"** means documentation of the
38 Member's understanding prior to surgery, the procedure will
39 render them sterile.

40 3. **"Member" means the same as "Client" as defined in A.R.S. § 36-**
41 **551.**

42 3.4. "Responsible Person" means the parent or guardian of a minor
43 with a developmental disability, the guardian of an adult with a
44 developmental disability or an adult with a developmental
45 disability who is a member or an applicant for whom no guardian
46 has been appointed.

47 5. "Second Level Review" means a review performed by a Division
48 of Developmental Disabilities (Division) Medical Director who has
49 the appropriate clinical expertise in managing a Member's
50 condition or disease. Second Level Review is used to screen for
51 medical necessity and compare the findings to clinical data in the
52 Member's medical record to ensure Division Members are

53 4. receiving medically appropriate and high quality care.

54 5.6. "Sterilization" means any medical procedure, treatment, or
55 operation for the purpose of rendering an individual permanently
56 incapable of reproducing as specified in 42 CFR 441.251.

57
58 **POLICY**

59
60 **A. ~~EXAMPLES OF CONDITIONS WHEN A HYSTERECTOMY SHALL BE~~ **SHALL BE****
61 **~~COVERED IF DEEMED MEDICALLY NECESSARY MAY BE~~**
62 **INDICATED**

- 63
64 1. **The Division shall cover a Hysterectomy for the following**
65 **conditions when medically necessary:**
- 66 a. Dysfunctional Uterine Bleeding or Benign Fibroids
67 associated with Dysfunctional Bleeding. ~~A Hysterectomy~~
68 ~~shall may be covered for Members if deemed medically~~
69 ~~necessary considered for Members when for whom~~ medical
70 and surgical therapy has failed, and childbearing is no
71 longer a consideration. ~~;~~
- 72 b. Endometriosis. ~~A Hysterectomy shall may be covered for~~
73 ~~Members if deemed medically necessary, considered for~~
74 ~~Members~~ with severe disease when future child-bearing is
75 not a consideration, and when disease is refractory to
76 medical or surgical therapy; ~~or~~.
- 77 c. Uterine Prolapse. ~~A Hysterectomy shall may be considered~~
78 ~~covered for Members, if deemed medically necessary, for~~
79 ~~the symptomatic women when for whom~~ childbearing is no
80 longer a consideration and for whom non-operative ~~and/or~~

81 surgical correction ~~_(i.e., suspension or repair)~~, will not
82 provide the Member adequate relief.

83 ~~2. The Division shall require a 30-day waiting period for~~
84 ~~Hysterectomy procedures described in this section.~~

85 **B. CONDITIONS WHERE ~~OTHER~~ MEDICAL OR SURGICAL**
86 **INTERVENTION IS NOT REQUIRED PRIOR TO HYSTERECTOMY**

87
88 1. **The Division shall cover medically necessary** Hysterectomy
89 services ~~when deemed may be considered medically necessary~~
90 without prior trial of medical or surgical intervention ~~therapy~~ in
91 the following cases:

- 92 a. Invasive carcinoma of the cervix;
93 b. Ovarian carcinoma;
94 c. Endometrial carcinoma;
95 d. Carcinoma of the fallopian tube;
96 e. Malignant gestational trophoblastic disease;
97 f. Life-threatening uterine hemorrhage, uncontrolled by
98 conservative therapy;

- 99 g. Potentially life-threatening hemorrhage as in cervical
100 pregnancy, interstitial pregnancy, or placenta abruption; or
101 h. Other potentially life threatening conditions where removal
102 of the reproductive organs is necessary and considered the
103 standard of care.
- 104 2. The Division shall require ~~the provider is not required to~~
105 complete a AMPM Attachment 820-A, Consent to Sterilization
106 form prior to performing Hysterectomy procedures.
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- 108
- 109 **C. MEDICAL PRIOR-ACKNOWLEDGEMENT AND DOCUMENTATION**
- 110 1. The Division shall require providers comply with the
111 following requirements prior to performing the
112 Hysterectomy: Except as described in Section (D) in this
113 policy. Exceptions from Prior Acknowledgement: the provider
114 must comply with the following requirements prior to performing
115 the Hysterectomy:
- 116 a. Inform the ~~Member and her~~ Responsible Person
117 representative, if any, both orally, and in the Member's

- 118 medical records and in AMPM Attachment 820-A writing
119 that the Hysterectomy will render the Member incapable of
120 reproducing, ~~(i.e., result~~ing in sterility);
- 121 ~~b. Allow a 30-day waiting period;~~
122 b. Obtain from the Member or Responsible Person
123 representative, if any, a signed, and dated written
124 acknowledgment stating that the information in AMPM
125 Attachment 820-A subsection "2aA" has been received and
126 that the individual has been informed and understands
127 that the consequences of having a Hysterectomy (i.e., that
128 it will result in sterility).
- 129 2. ~~This documentation shall must be~~ The Division shall the Primary
130 Care Provider (PCP) keep a signed, and dated written
131 acknowledgment in the Member's medical records. kept in the
132 Member's medical record. A copy must also be kept in the
133 Member's medical record maintained by the primary care
134 provider if enrolled with an Administrative Services
135 Subcontractor.

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

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139 **D. EXCEPTIONS FROM INITIAL MEDICAL PRIOR**
140 **ACKNOWLEDGEMENT**

- 141 1. The Division shall not require ~~the~~ the physician performing the
142 Hysterectomy ~~is not required~~ to obtain Initial Medical prior
143 Acknowledgment in either of the following situations:

- 144 a. The Member was already sterile before the Hysterectomy.

145 i. In this instance the physician must certify in writing
146 that the Member was already sterile at the time of
147 the Hysterectomy and specify the cause of sterility.

148 ii. Documentation shall include the specific tests and
149 test results conducted to determine sterility if the
150 cause of sterility is unknown; or

- 151 b. The Member requires a Hysterectomy because of a life-
152 threatening emergency situation in which the physician
153 determines that Initial Medical prior Acknowledgment is

154 not possible. In this circumstance, the physician must
155 certify in writing that the Hysterectomy was performed
156 under a life-threatening emergency situation in which the
157 physician determined that Initial Medical prior
158 Acknowledgement was not possible.

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

163 E. LIMITATIONS

164 1. The Division shall not cover a Hysterectomy if:

165 a. It is performed solely to render the individual
166 permanently incapable of reproducing; or

167 a.b. There was more than one purpose to the procedure,
168 and the procedure would not have been performed
169 but for the purpose of rendering the individual
170 permanently incapable of reproducing.

171

172 **F. SECOND LEVEL REVIEW**

173 **1. The Division Medical Director shall:**

174 **a. Complete a Second Level Review of all approvals or denials**
175 **for all requests for Hysterectomies for Members, except in**
176 **the event of a life-threatening emergency situation;**

177 **b. Ensure all life-threatening emergency Hysterectomy cases**
178 **are submitted to the Division for retrospective review;**

179 **c. Consult with the AHCCCS Medical Director for Tribal Health**
180 **Plan (THP) or the assigned AdSS health plan's Medical**
181 **Director when there are questions regarding the**
182 **Hysterectomy; and**

183 **d. Have the final authority to approve or deny a**
184 **Hysterectomy, except in the event of a life-threatening**
185 **emergency situation.**

186
187 **G. DIVISION OVERSIGHT**

188 **1. The Division shall oversee the AdSS utilizing the following**
189 **methods to ensure compliance with policy:**

- 190 a. Annual Operational Review of each AdSS,
191 b. Review and analyze deliverable reports submitted by
192 the AdSS, and
193 c. Conduct oversight meetings with the AdSS for the
194 purpose
195 of:
196 i. Reviewing compliance,
197 ii. Addressing concerns with access to care or
198 other quality of care concerns,
199 iii. Discussing systemic issues, and
200 G-iv. Providing direction or support to the AdSS as
201 necessary.

202
203 **SUPPLEMENTAL INFORMATION**

204 A Hysterectomy is a medically indicated procedure that is exempt from
205 a 30-day waiting period. Coverage of Hysterectomy services is limited
206 to those cases in which medical necessity has been established by
207 careful diagnosis. ~~Exclusions are specified in Section (B) above below.~~

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

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Signature of Chief Medical Officer:

Draft Policy for Public Comment