

**STRIDE<sup>SM</sup> (HMO) MEDICARE ADVANTAGE****Subject: Hysterectomy**

**Authorization:** Prior authorization is required for all hysterectomy procedures including:

- Vaginal hysterectomy
- Radical hysterectomy, and
- Hysterectomy with or without bilateral salpingo-oophorectomy

**Policy and Coverage Criteria:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage covers hysterectomy procedures for eligible members who meet condition-specific criteria outlined below:

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.

Hysterectomy is authorized when medical record documentation confirms that a female member has been diagnosed with ANY of the following:

- Cervical cancer stages I through IIA
- Stage II endometrial cancer
- Upper vaginal carcinoma
- Uterine or cervical sarcomas
- Endometrial Cancer
- Lynch Syndrome (confirmed by genetic testing)
- Suspected ovarian or tubal cancer (based on imaging)
- Endocervical adenocarcinoma in situ (confirmed by biopsy)

Hysterectomy is also authorized when medical record documentation confirms a Stride<sup>SM</sup> (HMO) Medicare Advantage member will be undergoing authorized female-to-male Gender Reassignment Surgery.

For other conditions, hysterectomy may be authorized when medical record documentation confirms ALL the following:

1. The member is not pregnant, and has been diagnosed (by physical exam and/or other appropriate diagnostic modalities) with a condition listed below; AND
2. The member has normal vagina and cervix (on physical examination), and normal cervical cytology; AND

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3. The member has been educated regarding risks and potential alternative treatments (e.g., conservative medical and surgical management), and wishes to proceed with hysterectomy; AND
4. Relevant condition-specific criteria are met

Condition	Criteria
<p><b>Abnormal Uterine Bleeding (AUB)</b></p>	<p><b><u>For pre-menopausal women</u></b>  Documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Normal endometrium (e.g., no endometrial lesion) confirmed by ANY of the following within past 3 months: <ul style="list-style-type: none"> <li>• Endometrial biopsy</li> <li>• Hysteroscopy with directed biopsy</li> <li>• Dilation and Curettage (D&amp;C)</li> </ul> </li> <li>2. No active or untreated thyroid disease;</li> <li>3. Failed prior endometrial ablation/resection or D&amp;C;</li> <li>4. EITHER of the following (criteria a or b): <ol style="list-style-type: none"> <li>a. Bleeding that interferes with ADL, and failure of, or contraindication to, hormonal contraceptives; OR</li> <li>b. ALL the following: <ul style="list-style-type: none"> <li>• Anemia that has not responded to at least 12 weeks of treatment with Iron;</li> <li>• Persistent bleeding following endometrial ablation, resection or D&amp;C;</li> <li>• Treatment with EITHER*: <ul style="list-style-type: none"> <li>➢ 3 cycles of Progestin, oral contraceptives, or Tranexamic Acid; OR</li> <li>➢ Use of Levonorgestrel-releasing intrauterine system (LNG-IUS)</li> </ul> </li> </ul> </li> </ol> </li> </ol> <p><b><u>For post-menopausal women</u></b>  Documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Normal endometrium (e.g., no endometrial lesions) confirmed by ANY of the following within past 3 months: <ul style="list-style-type: none"> <li>▪ Endometrial biopsy and ultrasound</li> <li>▪ Hysteroscopy with directed biopsy</li> <li>▪ Dilation and Curettage (D&amp;C)</li> </ul> </li> <li>2. Hormone treatment (e.g. three months of hormone replacement therapy for atrophy, or progestin for hypertrophy) unless contraindicated</li> </ol> <p>If medical therapies are contraindicated, documentation of the contraindication(s) is required.</p>
<p><b>Adenomyosis</b></p>	<p>Ultrasound imaging suggests Adenomyosis (endometrial tissue extending into the muscular wall of the uterus), and documentation confirms BOTH (criteria 1 AND 2):</p> <ol style="list-style-type: none"> <li>1. Member is experiencing ANY of the following: <ul style="list-style-type: none"> <li>• Abnormal bleeding that interferes with ADL (other etiologies for bleeding must have been excluded), OR</li> <li>• Anemia unresponsive to <u>at least</u> 12 weeks of treatment with Iron, OR</li> </ul> </li> </ol>

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Condition	Criteria
	<ul style="list-style-type: none"> <li>• Significant pelvic pain/discomfort that interferes with ADL, OR</li> <li>• Deep dyspareunia</li> </ul> <p>2. A 3-month (12 week) trial of medical therapies including NSAIDs, and hormonal treatment (i.e., GnRH agonist, oral contraceptives, Depo-Provera) has failed to relieve symptoms/findings.</p> <ul style="list-style-type: none"> <li>• If medical therapies are contraindicated, documentation of the contraindication(s) is required.</li> </ul>
<b>Cervical Intra-epithelial Neoplasia (CIN) 2 or 3</b>	<p>Documentation confirms BOTH:</p> <ol style="list-style-type: none"> <li>1. Endocervical curettage (ECC) or biopsy confirmation of abnormal or severely abnormal cells on cervical surface <u>at least</u> 4 months after initial procedure (e.g., loop electrosurgical excision, cone biopsy, laser therapy/ablation, cryotherapy); AND</li> <li>2. Abnormal cells cannot be safely removed with a second conservative excision.</li> </ol>
<b>Chronic Pelvic Pain</b>	<p>Unable to diagnose source/cause of pain after history, comprehensive physical exam, ultrasound, and ALL the following:</p> <ol style="list-style-type: none"> <li>1. Unable to diagnose source/cause of pain by: <ul style="list-style-type: none"> <li>• Diagnostic laparoscopy, operative hysteroscopy and endometrial sampling/biopsy; AND</li> <li>• Evaluation of bladder by cystoscopy; AND</li> <li>• Evaluation of potential gastrointestinal etiology</li> </ul> </li> <li>2. Normal lab findings (i.e., urinalysis, urine culture, CBC with differential);</li> <li>3. A 3-month (12 week) trial of medical therapies including NSAIDs, and hormonal treatment (i.e., GnRH agonist, oral contraceptives, Depo-Provera) has failed to relieve pain. <ul style="list-style-type: none"> <li>• If medical therapies are contraindicated, documentation of the contraindication(s) is required.</li> </ul> </li> </ol>
<b>Endometrial Hyperplasia with Cellular Atypia</b>	<p>Diagnosis confirmed by biopsy or Dilation and Curettage (D&amp;C).</p> <ul style="list-style-type: none"> <li>• Documentation must include evidence of discussion of conservative treatment options (e.g., hormone therapy), history of failed hormone treatment, or contraindication to anti-estrogen treatment.</li> </ul>
<b>Endometriosis</b>	<p>Documentation confirms the member has remained symptomatic following BOTH:</p> <ol style="list-style-type: none"> <li>1. Conservative surgery attempted (e.g., prior laparoscopy with or without implant ablation and lysis of adhesions) unless contraindicated; AND</li> <li>2. At least 12 weeks of hormone therapy with GnRH agonist, oral contraceptives, Depo-Provera, or Danazol</li> </ol>
<b>Pelvic Inflammatory Disease (PID)</b>	<p>Documentation confirms:</p> <ol style="list-style-type: none"> <li>1. Member with pelvic pain has had at least 1 documented episode of PID (with positive culture, abnormal CBC with differential, or high fever); AND</li> </ol>

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Condition	Criteria
	2. Failed to respond after at least 1 course of antibiotic treatment.
<b>Uterine Fibroids</b>	<p>Ultrasound confirms presence of uterine fibroids, and documentation confirms:</p> <ol style="list-style-type: none"> <li><b>For pre-menopausal women</b>, ANY of the following: <ul style="list-style-type: none"> <li>Bleeding that interferes with ADL, OR</li> <li>Anemia unresponsive to at least 12 weeks of treatment with Iron, OR</li> <li>Significant pain/pressure unresponsive to medical management with both NSAIDS and hormone treatment (e.g., Danazol, Provera, oral contraceptives), OR</li> <li>Ureteral compression (from the uterus) at the pelvic rim on imaging;</li> <li>Urinary frequency or urgency without other etiologies, OR</li> <li>Deep dyspareunia without other etiology</li> </ul> </li> <li><b>For post-menopausal women</b>, ANY of the following: <ul style="list-style-type: none"> <li>Uterine size at least 12 weeks' gestation (ultrasound confirmation required), and uterine growth when not on HRT, or after HRT is discontinued, OR</li> <li>Ureteral compression due to enlarged uterus, usually at pelvic rim (confirmed on imaging), OR</li> <li>Pelvic or abdominal pain/discomfort or urinary frequency/urgency not caused by other etiologies, OR</li> <li>Deep dyspareunia, etiology not evident</li> </ul> </li> </ol>
<b>Uterine Prolapse</b>	<p>Documentation confirms second or third degree uterine prolapse, discussion of conservative treatment options (e.g., use of pessary), and ANY of the following:</p> <ol style="list-style-type: none"> <li>History of pelvic pain/pressure, or stress incontinence</li> <li>Cervical or vaginal ulceration with bleeding or spotting</li> <li>Vaginal splinting</li> </ol>

### Exclusions:

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage hysterectomy procedures experimental/investigational for all other indications.

### Coding:

**Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

CPT® Code	Description
<b>58150</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)

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<b>CPT® Code</b>	<b>Description</b>
<b>58152</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (e.g., Marshall-Marchetti-Krantz, Burch)
<b>58180</b>	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
<b>58260</b>	Vaginal hysterectomy, for uterus 250 g or less
<b>58262</b>	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
<b>58263</b>	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
<b>58267</b>	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
<b>58270</b>	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
<b>58275</b>	Vaginal hysterectomy, with total or partial vaginectomy;
<b>58280</b>	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
<b>58285</b>	Vaginal hysterectomy, radical (Schauta type operation)
<b>58290</b>	Vaginal hysterectomy, for uterus greater than 250 g;
<b>58291</b>	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
<b>58292</b>	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
<b>58293</b>	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
<b>58294</b>	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
<b>58541</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
<b>58542</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
<b>58543</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
<b>58544</b>	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
<b>58550</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
<b>58552</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
<b>58553</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
<b>58554</b>	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
<b>58570</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
<b>58571</b>	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
<b>58572</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
<b>58573</b>	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

## **Billing Guidelines:**

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the

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participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

**References:**

1. ACOG Committee on Practice Bulletins--Gynecology. ACOG Practice Bulletin No. 51. Chronic pelvic pain. Obstet Gynecol. 2004 Mar;103(3):589-605.
2. ACOG Committee Opinion Number 557: Management of Acute Abnormal Uterine Bleeding in Nonpregnant Reproductive-Aged Women April 2013 (Reaffirmed 2015)

**Summary of Changes:**

<b>Date</b>	<b>Changes</b>
<b>5/11/17</b>	Reference and supporting information updated.

**Approved by UMCP: 5/11/17**  
**Reviewed/Revised: 8/15; 9/16; 5/17**  
**Initiated: 8/26/15 (effective 1/1/16)**

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