


MEDICAL POLICY – 7.01.548

Hysterectomy for Non-Malignant Conditions

Effective Date:	Feb. 1, 2025	RELATED MEDICAL POLICIES:
Last Revised:	Jan. 13, 2025	4.01.502 Surgical Interruption of Pelvic Nerve Pathways for Chronic Pelvic Pain
Replaces:	N/A	7.01.109 Magnetic Resonance-Guided Focused Ultrasound
		7.01.557 Gender Transition/Affirmation Surgery and Related Services.
		11.01.524 Site of Service: Select Surgical Procedures

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Introduction

A hysterectomy is the surgical removal of the uterus (womb). Sometimes other related organs may be removed at the same time. These include the cervix, ovaries, and fallopian tubes. A hysterectomy can be performed through the abdomen or vagina. It can also be performed by using a thin tube (a laparoscope) that contains a camera and/or instruments inserted through small incisions in the abdomen. The type of hysterectomy and the approach will depend on the individual's specific medical condition. Since the uterus is where a baby grows during pregnancy, the individual will not be able to give birth to children after a hysterectomy. Menstrual periods will also stop if the individual has not yet reached the natural end of their menstrual cycles (menopause). This policy outlines when hysterectomy surgery for non-cancerous conditions may be considered medically necessary. Hysterectomy surgery must be approved before the surgery occurs.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

We will review for medical necessity all elective hysterectomy surgical procedures.

Site of service for hysterectomy surgical procedures subject to medical necessity review addressed in this policy is limited to:

- **Laparoscopic-assisted vaginal hysterectomy**
- **Vaginal hysterectomy**

We will review the site of service for medical necessity for certain elective surgical procedures. Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

Site of Service for Elective Surgical Procedures	Medical Necessity
<p>Medically necessary sites of service:</p> <ul style="list-style-type: none"> • Off campus-outpatient hospital/medical center • On campus-outpatient hospital/medical center • Ambulatory surgical center 	<p>Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. These are the preferred medically necessary sites of service for certain elective surgical procedures.</p>
<p>Inpatient hospital/medical center</p>	<p>Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. This site is considered medically necessary only when the individual has a clinical condition which puts him or her at increased risk for complications including any of the following (this list may not be all inclusive):</p> <ul style="list-style-type: none"> • Anesthesia Risk <ul style="list-style-type: none"> ○ ASA classification III or higher (see definition)



Site of Service for Elective Surgical Procedures	Medical Necessity
	<ul style="list-style-type: none"> ○ Personal history of complication of anesthesia ○ Documentation of alcohol dependence or history of cocaine use ○ Prolonged surgery (>3 hours) ● Cardiovascular Risk <ul style="list-style-type: none"> ○ Uncompensated chronic heart failure (NYHA class III or IV) ○ Recent history of myocardial infarction (MI) (<3 months) ○ Poorly controlled, resistant hypertension* ○ Recent history of cerebrovascular accident (< 3 months) ○ Increased risk for cardiac ischemia (drug eluting stent placed < 1 year or angioplasty <90 days) ○ Symptomatic cardiac arrhythmia despite medication ○ Significant valvular heart disease ● Liver Risk <ul style="list-style-type: none"> ○ Advanced liver disease (MELD Score > 8)** ● Pulmonary Risk <ul style="list-style-type: none"> ○ Chronic obstructive pulmonary disease (COPD) (FEV1 <50%) ○ Poorly controlled asthma (FEV1 <80% despite treatment) ○ Moderate to severe obstructive sleep apnea (OSA)*** ● Renal Risk <ul style="list-style-type: none"> ○ End stage renal disease (on dialysis) ● Other <ul style="list-style-type: none"> ○ Morbid obesity (BMI ≥ 50) ○ Pregnancy ○ Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criterion]) ○ Anticipated need for transfusion(s) <p>Note: * 3 or more drugs to control blood pressure ** https://reference.medscape.com/calculator/meld-score-end-stage-liver-disease *** Moderate-AHI ≥15 and ≤ 30, Severe-AHI ≥30 ****DDAVP-Deamino-Delta-D-Arginine Vasopressin (Desmopressin)</p>



Site of Service for Elective Surgical Procedures	Medical Necessity
Inpatient hospital/medical center	This site of service is considered NOT medically necessary for certain elective surgical procedures when the site of service criteria listed above in this policy are not met.

Note: This policy does not apply to hysterectomy for gynecologic malignant conditions (e.g., cervical, fallopian tube, ovarian, uterine, vaginal), premalignant conditions (e.g., neoplasia, dysplasia, endometrial atypical hyperplasia) or conditions highly suspicious for malignancy (e.g., ovarian mass)

For hysterectomy for gender transition/affirming surgeries, refer to Medical Policy 7.01.557 Gender Transition/Affirmation Surgery and Related Services.

Surgery	Medical Necessity
Hysterectomy, with or without salpingo-oophorectomy (removal of fallopian tubes and ovaries)	<p>Hysterectomy, with or without salpingo-oophorectomy, may be considered medically necessary for the stated conditions when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Abnormal Uterine Bleeding-Premenopausal <ul style="list-style-type: none"> ○ Symptoms have been present for at least 6 months and interfere significantly with activities of daily living (ADLs) ○ Appropriate testing has been done <ul style="list-style-type: none"> ▪ Pelvic ultrasound or other imaging to show uterine size and contour ▪ Endometrial sampling has been done within the prior 12 months and is negative for cancer or is contraindicated, or cannot be done due to technical reasons (e.g., anatomic variant), or has been attempted and was unsuccessful (endometrial sampling is not required in a post-menopausal woman with ultrasound demonstrating an endometrial stripe of ≤4mm [see below]); or <ul style="list-style-type: none"> ▪ Dilation and curettage (D&C) in the setting of menometrorrhagia was performed; and ○ One of the following conservative therapies has failed to control the bleeding:



Surgery	Medical Necessity
	<ul style="list-style-type: none"> ▪ Three-month trial of hormonal therapy (including oral contraceptive pills or hormone-impregnated intrauterine device [IUD]); or ▪ Endometrial ablation <p>OR</p> <ul style="list-style-type: none"> • Abnormal Uterine Bleeding-Postmenopausal <ul style="list-style-type: none"> ○ Symptoms have been present for at least 3 months ○ Appropriate testing has been done <ul style="list-style-type: none"> ▪ Pelvic ultrasound or other imaging to show uterine size and contour ▪ Endometrial biopsy has been done for individuals with endometrial stripe >4mm on uterine imaging <p>OR</p> <ul style="list-style-type: none"> • Adenomyosis <ul style="list-style-type: none"> ○ Documentation demonstrates an enlarged, tender uterus on clinical exam ○ Ultrasound or other radiologic evidence (e.g., MRI) is present <p>OR</p> <ul style="list-style-type: none"> • Chronic Pelvic Inflammatory Disease (PID) <ul style="list-style-type: none"> ○ Has been unresponsive to medical management including ALL of the following: <ul style="list-style-type: none"> ▪ Insufficient clinical response to appropriate IV antibiotic therapy; and ▪ If related to tubo-ovarian abscess, percutaneous drainage is not indicated or is not feasible <p>OR</p> <ul style="list-style-type: none"> • Endometriosis <ul style="list-style-type: none"> ○ Diagnosis has been surgically confirmed (e.g., biopsy, diagnostic laparoscopy) ○ One of the following conservative therapies has failed to control endometriosis symptoms: <ul style="list-style-type: none"> ▪ Failure, intolerance, or contraindication to hormone therapy (i.e., oral contraceptive pills); or ▪ Failure of a three-month trial, intolerance, or contraindication to Gonadotropin-releasing hormone agonist therapy (i.e., Lupron)



Surgery	Medical Necessity
	<ul style="list-style-type: none"> ○ Pain significantly impacts activities of daily living (ADLs) with ONE of the following: <ul style="list-style-type: none"> ▪ Dyspareunia (painful intercourse) ▪ Painful bowel movements ▪ Severe dysmenorrhea (painful menstruation) <p>OR</p> <ul style="list-style-type: none"> • Gynecologic cancer prevention (removal of the uterus and ovaries) for an individual with a genetic predisposition to cancer with ONE of the following: <ul style="list-style-type: none"> ○ BRCA 1 or BRCA 2 mutation has been confirmed by genetic testing <p>OR</p> <ul style="list-style-type: none"> ○ Hereditary nonpolyposis colorectal cancer (HNPCC) or Lynch syndrome diagnosis is documented <p>OR</p> <ul style="list-style-type: none"> • Pelvic pain <ul style="list-style-type: none"> ○ Clinical evaluation, including a comprehensive history and physical exam, has not revealed any other cause for the pain (including non-gynecologic sources of the pain) ○ Pain symptoms interfere significantly with activities of daily (ADLs) at least one or more days each month ○ Three-month trial of conservative care (e.g., oral contraceptives, hormone-releasing IUDs, analgesics, NSAIDS, gonadotropin-releasing hormone (GnRH) analogs, Depo-Provera, physical therapy) has failed or all are contraindicated <p>OR</p> <ul style="list-style-type: none"> • Symptomatic Pelvic Organ Prolapse <ul style="list-style-type: none"> ○ Stage II or greater uterine prolapse (see Related Information) is present with one or more of the following symptoms: <ul style="list-style-type: none"> ▪ Urinary dysfunction as evidenced by: <ul style="list-style-type: none"> ▫ Stress urinary incontinence; or ▫ Urinary retention ▪ Bowel dysfunction as evidenced by: <ul style="list-style-type: none"> ▫ Rectal bleeding; or



Surgery	Medical Necessity
	<ul style="list-style-type: none"> ▫ Severe pain with bowel movements, not improved with stool softeners <p>OR</p> <ul style="list-style-type: none"> • Uterine Fibroids (leiomyomata) <ul style="list-style-type: none"> ○ Symptoms have been significant as indicated by ONE of the following: <ul style="list-style-type: none"> ▪ Recurrent moderate to severe bleeding related to a diagnosed uterine fibroid; or ▪ Extra-uterine symptoms, including but not limited to, bowel or bladder compression or dyspareunia (painful intercourse) <p>AND</p> <ul style="list-style-type: none"> ▪ Documentation of the presence of uterine leiomyomata by appropriate imaging (e.g., ultrasound); and ▪ Evaluation of the uterine lining is performed: <ul style="list-style-type: none"> ▫ For pre-menopausal women, endometrial sampling has been performed within the prior 12 months and is negative for cancer or is contraindicated, or cannot be done due to technical reasons (e.g., anatomic variant), or has been attempted and was unsuccessful or <ul style="list-style-type: none"> ◆ Dilation and curettage (D&C) in the setting of menometrorrhagia was performed, or ▫ For post-menopausal women, ultrasound demonstrating an endometrial stripe of $\leq 4\text{mm}$ does not require an endometrial biopsy <ul style="list-style-type: none"> ◆ If endometrial stripe on uterine imaging is $>4\text{mm}$, then an endometrial biopsy is required. <p>Hysterectomy is considered not medically necessary when the above medical necessity criteria have not been met.</p> <p>Note: The provider's choice of interventional hysterectomy (e.g. abdominal, laparoscopic, or vaginal) depends on the specific member's symptoms and physical/imaging findings.</p>



Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the relevant history and physical, including the following:
 - The condition, symptoms, and reason for the surgical intervention
 - Previous treatments trialed and failed
 - Diagnostic test(s) results
 - Procedure reports, if applicable

Coding

Code	Description
CPT	
Reviewed for Medical Necessity only (does not require review for Site of Service)	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (e.g., Marshall-Marchetti-Krantz, Burch)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(s)
Reviewed for Medical Necessity AND Site of Service	



Code	Description
58260	Vaginal hysterectomy, for uterus 250 grams or less
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 grams
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)

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Related Information

Definition of Terms

Abnormal uterine bleeding (AUB): Heavy menstrual bleeding that requires repeated changing of a tampon/menstrual pad more often than every two hours, menstrual periods that last longer



than 7 days or repeat at intervals less than 21-days apart. Bleeding after menopause is abnormal.

Activities of daily living (ADLs): Self-care activities done daily within an individual's place of residence and includes:

- Ambulating (walking)
- Dressing/bathing
- Eating
- Hygiene (grooming)
- Toileting
- Transferring (to/from bed or chair)

Adenomyosis: A condition in which endometrial tissue that usually lines the uterus grows into the uterine wall.

Choriocarcinoma: A rare form of cancer that occurs in a woman's uterus which grows rapidly from the cells of the placenta as an abnormal pregnancy. It is a type of gestational trophoblastic disease.

Dysmenorrhea: Painful periods that may include severe menstrual cramps. Dysmenorrhea is problematic when the pain occurs monthly for at least 6 months and is so severe that it interferes with daily activities.

Fibroids: Also known as myomas or leiomyoma are non-cancerous tumors/growths within the wall of the uterus. Fibroids usually occur in multiples, in varying shapes and at various sites within the uterus. Fibroids can cause painful symptoms and abnormal bleeding from the uterus.

Fibroid Embolization: Is a minimally invasive uterine sparing procedure. The procedure involves the insertion of a substance through a catheter to stop the uterine artery blood flow to fibroids causing them to shrink.

Hysterectomy: The surgical removal of the uterus either through the abdominal wall or through the vagina.

Menorrhagia: Excessively prolonged or heavy menstruation. (See abnormal uterine bleeding).

Menometrorrhagia: Excessive, prolonged and/or irregular bleeding unrelated to menstruation.

Pelvic floor disorder (PFD): Results when the connective tissue and muscles of the pelvis weaken or are injured. The most common PFDs are pelvic organ prolapse such as uterus, bladder, or bowel.



Salpingo-oophorectomy: The surgical removal of the fallopian tubes and ovaries through the abdominal wall or through the vagina.

Uterine prolapse: The uterus and cervix drop into the vaginal canal and may pass out of the opening. Uterine prolapse/pelvic organ prolapse is staged using a nationally recognized assessment tool (e.g., Bader-Walker Halfway Scoring or Pelvic Organ Prolapse Quantification system [POP-Q]).

Stages of Uterine Prolapse

Stage 1: The cervix is in the upper half of the vagina

Stage 2: The cervix has descended nearly into the opening of the vagina (introitus)

Stage 3: The cervix has protruded out of the vagina

Stage 4: The cervix is completely out of the vagina

Evidence Review

Description

Hysterectomy is the surgical removal of the uterus, and sometimes the cervix. In some cases, a salpingo-oophorectomy, the surgical removal of the ovaries and fallopian tubes that connect the ovaries to the uterus, is done at the same time as the hysterectomy. The type of hysterectomy and the surgical approach depends on the diagnosis and the individual's condition. In all cases, the woman will lose her ability to become pregnant and bear children. Depending on the condition, other less invasive treatments may be tried as an alternative to hysterectomy.

Background

Hysterectomy is the second most frequently performed major surgical procedure for women of reproductive age in the US, after cesarean section. (CDC https://www.cdc.gov/reproductive-health/women-health/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/womensrh/index.htm).



The route of hysterectomy depends on the indication for surgery, size of the uterus and the size of the individual. Studies in the published literature support hysterectomy as an accepted method of medical practice/treatment only for specific conditions, in specific situations and only after alternative therapies have been attempted and failed.

Indications for Hysterectomy May Include but are not Limited to the Following Conditions:

- Abnormal or dysfunctional uterine bleeding
- Cancer
- Chronic pelvic pain or infection (e.g., Endometriosis, pelvic inflammatory diseases) not relieved by conservative treatment
- Complications related to childbirth (e.g., Uterine rupture, intractable post-partum hemorrhage)
- Gynecologic cancer prevention
- Premalignant disease of the uterus, cervix, ovaries, fallopian tubes or endometrium
- Symptomatic pelvic organ relaxation (e.g., uterine prolapse, cystourethrocele, rectocele)
- Symptomatic uterine leiomyomata (Fibroids)
- Tubo-ovarian abscess

Procedure Types for Hysterectomy:

- Radical hysterectomy: The uterus, cervix, ovaries, fallopian tubes, oviducts, lymph nodes, and lymph channels are removed.
- Subtotal hysterectomy: The uterus alone is removed; the cervix is left in place.
- Total hysterectomy: The uterus and cervix are removed. A bilateral salpingo-oophorectomy, removal of both fallopian tubes and ovaries, may also be performed.



Procedure Routes for Hysterectomy:

- Abdominal hysterectomy: The surgeon opens the abdominal cavity with a 4 to 6-inch incision (which may be vertical or horizontal), cuts free the uterus, and in some cases, the ovaries and fallopian tubes, and removes the uterus & related structures through the opening in the abdomen.
- Laparoscopic Hysterectomy: The surgeon uses a laparoscope, and instruments inserted through small abdominal incisions to free the uterus. The uterus is removed through the vagina or abdomen.
- Vaginal hysterectomy: The surgeon makes an incision through the top of the vagina and through this incision, cuts the uterus free. The uterus is removed through the vagina.

Summary of Evidence

Non-Malignant Indications for Hysterectomy

In 2000, Broder et al. published a study on the appropriateness of hysterectomy surgery recommended for non-emergency and non-oncologic indications. The report looked at 497 women who had a hysterectomy between August 1993 and July 1995 assessing the appropriateness of their surgery using criteria developed by a multispecialty expert physician panel and the ACOG criteria sets for hysterectomies. The results showed that the most common indications for hysterectomy were leiomyomata (60% of hysterectomies), pelvic relaxation (11%), pain (9%), and bleeding (8%). Three hundred sixty-seven (70%) of the hysterectomies did not meet the level of care recommended by the expert panel and were judged to be recommended inappropriately. ACOG criteria sets were applicable to 71 women, and 54 (76%) did not meet ACOG criteria for hysterectomy. The most common reasons recommendations for hysterectomies were considered inappropriate were lack of adequate diagnostic evaluation and failure to try alternative treatments before hysterectomy. The conclusion from the authors is that hysterectomy surgery is often recommended for indications judged to be inappropriate. The authors further recommend that in the absence of a life-threatening emergency (e.g., uterine hemorrhage) individuals and physicians should work together to ensure that a proper diagnostic evaluation has been done and appropriate alternative therapeutic treatments as well as the individual's child-bearing plans are considered before hysterectomy is recommended ¹

In 2005, Jacoby et al. reported on a cross-sectional analysis of the 2005 Nationwide Inpatient Sample (NIS). All women aged 18 years or older who had a hysterectomy for a benign condition



were included. The findings of the study showed that among 518,828 hysterectomies, 14% were laparoscopic, 64% abdominal and 22% vaginal. Women older than 35 years had lower rates of laparoscopic than abdominal (odds ratio [OR] 0.85, 95% confidence interval [CI]: 0.77-0.94 for age 45-49 years) or vaginal hysterectomy (OR 0.61, 95% CI: 0.54-0.69 for age 45-49 years). The odds of laparoscopic hysterectomy compared with abdominal hysterectomy were higher in the West than in the Northeast (OR 1.77, 95% CI: 1.2-2.62). African American, Latina, and Asian women had 40%-50% lower odds of laparoscopic surgery compared with abdominal hysterectomy ($P < .001$). Women with low income, Medicare, Medicaid, or no health insurance were less likely to undergo laparoscopic surgery than either vaginal or abdominal hysterectomy ($P < .001$). Women with leiomyomas ($P < .001$) and pelvic infections ($P < .001$) were less likely to undergo laparoscopic than abdominal hysterectomy. Women with leiomyomas ($P < .001$), endometriosis ($P < .001$), or pelvic infections ($P < .001$) were more likely to have laparoscopic than vaginal hysterectomy.³

Hysterectomy is the most common treatment for symptomatic fibroids in the United States. The primary advantage is that by completely removing the uterus, there is little potential for fibroid recurrence.⁴ In a multicenter, nonrandomized prospective study hysterectomy was compared to myomectomy and embolization for improving uterine fibroid-related symptoms and the effect on health-related quality of life. This study, despite showing all three therapies as extremely effective in reducing fibroid-related symptoms, demonstrated that two years after the surgery there was a significantly better health-related quality-of-life reported for individuals treated with hysterectomy. However, many women who undergo hysterectomy later regret the loss of fertility.

Frequency of Hysterectomy

In 2007 Babalola et al. as well as Jonsdottir et al. in 2011 reported that the frequency of hysterectomy appears to be decreasing, possibly due to the availability of less invasive therapies for management of conditions previously treated with hysterectomy. Between 1965 and 2002 combined hysterectomy procedures declined by 63%; this affected every age group except for individuals aged 75-85 years. The most common reasons noted for surgery were uterine leiomyomata (28%), precancerous conditions (23%), and genital prolapse at (12%).⁷⁻⁸

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History

Date	Comments
02/11/13	New policy. Add to surgery classification. This policy is approved with a 90-day hold for provider notification and will be effective on May 19, 2013.
02/22/13	Policy Guidelines updated; clarified documentation requirements for non-malignant indications to support medical necessity.
04/02/13	Policy guidelines revised with the MCG modifications diagnoses sorted alphabetically for ease of use. Reference 1 updated to 17th Ed. of MCG.
04/17/13	Update Related Policies. Change title to 7.01.109.
07/18/13	Update Related Policies. Delete 4.01.17 as it was archived.
09/09/13	Replace Policy. Under malignant indications heading - Policy statement added that "In situations where clinical features are highly suspicious for malignancy (one example is a mass suspicious for ovarian cancer) "Added related policy IMRT-Abdomen/Pelvis. Policy guidelines wording clarified about the plan-specific additions and modifications to the proprietary MCG™ criteria. Policy statement changed as noted.
02/10/14	Annual Review. Policy reviewed. Policy guidelines revised with a modification to MCG™ that includes medically necessary criteria for pelvic pain and/or dysmenorrhea. No references added. Policy statement unchanged. CPT codes 58200, 58210, 58240, 58285, 58548, 58951-59525; and ICD-9 procedure codes 68.61 and 68.71 removed from the policy; these were provided for informational purposes only.
06/09/14	Interim Update. Policy extensively re-written. Policy statements reorganized for usability. Policy updated with literature search through April 2014. Reference to using MCG as a tool to guide determinations is removed. Added definitions to Policy Guidelines. Removed documentation requirement for a gyn-oncology consult for the diagnosis of choriocarcinoma. Removed documentation requirement to confirm the patient understands a hysterectomy is permanent sterilization. Additional resources and websites 5, 7 added; others renumbered/removed. Policy statements reorganized as noted, intent is unchanged.
10/23/14	Update Related Policies. Add 7.01.557.



Date	Comments
12/22/14	Interim Update. Policy reviewed. Clarifying edits to Policy statements for non-malignant indications that patient can refuse alternative interventions if documented in the medical record. Definition of Terms revised. Reference 6 removed from the additional resources and websites section; others renumbered. Policy statements changed as noted.
05/12/15	Annual Review. Policy updated with literature search through March 2014. Policy criteria changed to state that non-malignant indications include symptoms 1 or more days per month that interfere with ADLS in place of 1 or more days per week. Added fibroid UAE as an example of a uterine sparing procedure. Fibroid embolization added to Definition of Terms. No references added. Policy statement changed as noted.
08/11/15	Archive Policy. Denials are rare. Reviews indicate most surgeries meet current standard of care during the past 14 months.
10/01/21	Policy reinstated, approved September 14, 2021, effective for dates of service on or after January 7, 2022, following 90-day provider notification. Hysterectomy is considered medically necessary when criteria are met. Site of service review is required for laparoscopic assisted vaginal hysterectomy (LAVH) and vaginal hysterectomy as well.
12/13/21	Minor correction to position of policy header.
06/01/22	Annual Review, approved May 10, 2022. Policy reviewed. References added and updated. Added chronic pelvic inflammatory disease and pelvic pain as conditions for which hysterectomy may be considered medically necessary when criteria are met. Edited criteria for uterine fibroids for greater clarity. Clarification made within coding section for procedures reviewed for site of service. Changes are effective on or after dates of service September 2, 2022.
09/01/22	Interim Review, approved August 8, 2022. Minor correction to Abnormal Uterine Bleeding criteria.
11/01/22	Interim Review, approved October 11, 2022, effective for dates of service on or after February 3, 2023, following 90-day provider notification. Removed statement indicating that this policy does not apply to hysterectomy for gender transition/affirming surgeries and replaced it with the statement that for hysterectomy for gender transition/affirming surgeries, refer to Medical Policy 7.01.557 Gender Transition/Affirmation Surgery and Related Services. Clarified that the policy does not apply to hysterectomy for gynecologic malignant conditions.
01/01/23	Interim Review, approved December 13, 2022. Separated out medical necessity criteria for abnormal bleeding for premenopausal and postmenopausal individuals.
08/01/23	Annual Review, approved July 10, 2023. Policy reviewed. References added. Policy statements unchanged.
03/01/24	Interim Review, approved February 26, 2024. Clarified policy language for greater consistency under Abnormal uterine bleeding premenopausal, and Uterine fibroids to state: Evaluation of the uterine lining by endometrial sampling or biopsy is performed



Date	Comments
	or contraindicated-For pre-menopausal women, endometrial sampling has been performed and is negative for cancer or is contraindicated-For post-menopausal women, ultrasound demonstrating an endometrial stripe of 4mm or less does not require an endometrial biopsy. If endometrial stripe on uterine imaging is >4mm, then an endometrial biopsy is required.
09/01/24	Annual Review, approved August 13, 2024. Policy reviewed. References added. Added clarifying statement to criterion: Endometrial sampling has been done within the prior 12 months and is negative for cancer or is contraindicated, "or cannot be done due to technical reasons (e.g., anatomic variation), or has been attempted and was unsuccessful" under headings Abnormal Uterine Bleeding-Premenopausal and Uterine Fibroids. Added under Uterine Fibroids endometrial sampling or dilation and curettage (D&C) in the setting of menometrorrhagia was performed for premenopausal women.
02/01/25	Annual Review, approved January 13, 2025. Policy reviewed. Reference added. Added "dilation and curettage (D&C) in the setting of menometrorrhagia was performed" for premenopausal women under the heading of Abnormal Uterine Bleeding-Premenopausal.as an alternative to endometrial sampling.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

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