

Medical Necessity Guidelines: Hysterectomy, Certain Elective

Effective: June 17, 2020

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to:</p> <p>COMMERCIAL Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	
<p>To obtain InterQual[®] SmartSheets[™]:</p> <ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires the use of a current InterQual SmartSheet to obtain prior authorization for Certain Elective Hysterectomy Procedures and indications.

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number indicated above, according to Plan.

- **Hysterectomy, +/- BSO for Abnormal Uterine Bleeding or Postmenopausal Bleeding**
- **Hysterectomy, +/- BSO for Adenomyosis or Fibroids**
- **Hysterectomy, +/- BSO for BRCA gene mutation**
- **Hysterectomy, +/- BSO for Chronic Abdominal or Pelvic Pain**
- **Hysterectomy, +/- BSO for CIN 2,3 or CIN 3 or Endometrial Hyperplasia (premenopausal)**
- **Hysterectomy, +/- BSO for Endometrial hyperplasia (postmenopausal)**
- **Hysterectomy, +/- BSO for Endometriosis**
- **Hysterectomy, +/- BSO for Lynch II syndrome**
- **Hysterectomy, +/- BSO for Pelvic Inflammatory Disease (PID) or Tubo-ovarian abscess**
- **Hysterectomy, +/- BSO for Postpartum uterine bleeding**
- **Hysterectomy, +/- BSO for Uterine Prolapse**

Note: The InterQual SmartSheet(s) above include Hysterectomy, Abdominal, +/- BSO; Hysterectomy, Vaginal, +/- BSO; Hysterectomy, Laparoscopically Assisted Vaginal (LAVH) +/- BSO; Hysterectomy, Open/Laparoscopic Supracervical (LSH), +/- BSO; Hysterectomy, Total Laparoscopic (TLH), +/- BSO for the indications listed.

CODES

Procedures REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using the InterQual SmartSheet for the following procedure codes only.

HYSTERECTOMY, ABDOMINAL, +/- BSO

The following CPT codes require prior authorization:

Code	Description
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

HYSTERECTOMY, VAGINAL, +/- BSO

The following CPT codes require prior authorization:

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)
58267	Vaginal hysterectomy, for uterus 250 grams or less, with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
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)

HYSTERECTOMY, LAPAROSCOPICALLY ASSISTED VAGINAL (LAVH), +/- BSO

The following CPT codes require prior authorization:

Code	Description
58263	Vaginal hysterectomy, for uterus 250 grams or less, with removal of tube(s), and/or ovary(s), 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
58293	Vaginal hysterectomy, for uterus greater than 250 grams; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
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)

HYSTERECTOMY, OPEN/LAPAROSCOPIC SUPRACERVICAL (LSH), +/- BSO

The following CPT codes require prior authorization:

Code	Description
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)

HYSTERECTOMY, TOTAL LAPAROSCOPIC (TLH), +/- BSO

The following CPT codes require prior authorization:

Code	Description
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

APPROVAL HISTORY

August 16, 2005: Original effective date

Subsequent endorsement date(s) and changes made:

- November 28, 2007: Reviewed and renewed
- January 8, 2007: A completed InterQual® SmartSheet™ is required. The requirement of additional information for the authorization of a hysterectomy was removed from guideline
- March 10, 2008 CPT codes 58541, 58542, 58543, and 58544 were added to the prior authorization program, with an effective date of July 1, 2008. (see CPT Code List)
- July 1, 2009: Reviewed by Medical Affairs Medical Policy, no changes
- December 16, 2009: Reviewed and no clinical content changes made. Administrative process changed
- November 2010: Reviewed at MSPAC, no changes
- December 14, 2011: Reviewed by MSPAC – Integrated Medical Policy Advisory Committee (IMPAC), no changes
- November 28, 2012: Reviewed by (IMPAC), renewed without changes
- October 9, 2013: Reviewed by IMPAC, renewed without changes.
- December 11, 2013: The InterQual® SmartSheet(s)™ requirement for pap smear changed to every three years.
- October 8, 2014: Reviewed by IMPAC, renewed without changes.
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- April 1, 2015: The requirement for Pap smear every three years added to the 'Tufts Health Plan Modification to InterQual®' section of this document
- May 15, 2015: Tufts Health Plan Modification to InterQual® section removed as no longer applicable to the current InterQual® SmartSheet(s)™ requirement for pap smear.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016
- November 16, 2015: Reviewed by IMPAC, renewed without changes
- November 9, 2016: Reviewed by IMPAC, InterQual® Smartsheets™ added for Hysterectomy +/- BSO for the following: BRCA gene mutation; endometrial hyperplasia (postmenopausal); endometriosis; Lynch II syndrome; and for postpartum uterine bleeding. The word 'current' added to the InterQual SmartSheet(s)™ requirement.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017

- October 11, 2017: Reviewed by IMPAC, renewed without changes
- July 25, 2018: Reviewed by IMPAC, renewed without changes
- October 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 InterQual® upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, InterQual® upgrade is effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, InterQual® upgrade for Tufts Health RITogether.
- July 17, 2019: Reviewed by IMPAC, renewed with no changes
- June 17, 2020: Reviewed by IMPAC, renewed with no changes
- June 29, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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