

# HYSTERECTOMY FOR BENIGN CONDITIONS

**Policy Number:** SURGERY 104.8 T2

**Effective Date:** October 1, 2018

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**Related Policy**

- [Abnormal Uterine Bleeding and Uterine Fibroids](#)

## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes <sup>1,2</sup>
Precertification with Medical Director Review Required	Yes <sup>1</sup>
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Inpatient, Outpatient
Special Considerations	<p><sup>1</sup>Precertification with review by a Medical Director of their designee is required for all hysterectomies performed in an inpatient setting, and for abdominal, laparoscopic, and laparoscopic-assisted vaginal hysterectomies performed in an outpatient setting.</p> <p><sup>2</sup> Precertification <b>is</b> required for vaginal hysterectomies (CPT codes 58260, 58262, 58263, 58267, 58270, 58275,</p>

## BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

### **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## COVERAGE RATIONALE

**Hysterectomy is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, see the following MCG™ Care Guidelines, 22<sup>nd</sup> edition, 2018:**

- Hysterectomy, Abdominal, ORG: S-650 (ISC)
- Hysterectomy, Vaginal, ORG: S-660 (ISC)
- Hysterectomy, Laparoscopic, ORG: S-665 (ISC)

## APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
<b>Abdominal</b>	
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)
<b>Laparoscopic</b>	
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 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 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

CPT Code	Description
<b>Vaginal</b>	
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 g 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 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
<b>Laparoscopic-Assisted Vaginal</b>	
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

*CPT® is a registered trademark of the American Medical Association*

## DESCRIPTION OF SERVICES

A hysterectomy is a surgical procedure to remove the uterus, and in some cases, the ovaries and fallopian tubes as well. In a total hysterectomy, the entire uterus, including the cervix, is removed. In a supracervical or partial hysterectomy, the upper part of the uterus is removed, but the cervix is left in place. Benign conditions that might be treated with a hysterectomy include uterine fibroids, endometriosis, pelvic organ prolapse and abnormal uterine bleeding.

Hysterectomies can be performed vaginally, abdominally or with laparoscopic or robotic assistance. In a vaginal hysterectomy (VH), the uterus is removed through the vagina. In an abdominal hysterectomy (AH), the uterus is removed through an incision in the lower abdomen. A laparoscopic approach uses a laparoscope to guide the surgery. A laparoscope is a thin, lighted tube that is inserted into the abdomen through a small incision in or around the navel. The scope has a small camera that projects images onto a monitor. Additional small incisions are made in the abdomen for other surgical instruments used during the surgery. In a total laparoscopic hysterectomy (LH), the uterus is removed in small pieces through the incisions or through the vagina. In a laparoscopic-assisted VH, the uterus is removed through the vagina, and the laparoscope is used to guide the surgery. In a robotic-assisted LH, the surgeon uses a robot attached to the instruments to assist in the surgery. (ACOG, 2015)

## CLINICAL EVIDENCE

Studies have shown that a vaginal approach to hysterectomy has fewer complications, requires a shorter hospital stay and is associated with better outcomes than a laparoscopic or abdominal approach.

A Cochrane review of 47 randomized controlled trials (RCTs) (n=5102) evaluating the abdominal, laparoscopic, and vaginal approach concluded that VH appears to be superior to LH and AH. VH is preferred to AH when possible, citing the advantages of a more rapid recovery and fewer postoperative complications of fever and/or infection. Where VH is not possible, a laparoscopic approach is preferred over AH with the same advantages as the vaginal approach, but requires a longer operating time and had more urinary tract injuries. (Aarts et al., 2015)

A meta-analysis of five randomized studies comparing total LH and VH for benign disease reported no differences in perioperative complications between the two procedures. LH was associated with reduced postoperative pain scores and reduced hospital stay but took longer to perform. No differences in blood loss, rate of conversion to laparotomy or urinary tract injury were identified. (Gendy et al., 2011)

A Cochrane review of 34 RCTs (n=4495) AH, LH, and VH concluded that VH should be performed in preference to AH where possible. The authors found that VH meant a quicker return to normal activities, fewer infections and episodes of raised temperature after surgery and a shorter hospital stay compared to AH. When a vaginal approach is not possible, a laparoscopic approach may avoid the need for an AH. LH meant a quicker return to normal activities, less blood loss and a smaller drop in blood count, a shorter hospital stay and fewer wound infections and episodes of raised temperature after surgery compared to AH; however, laparoscopic surgery is associated with longer operating times and higher rates of urinary tract injury. More research is needed, particularly to examine the long-term effects of the different types of surgery. (Nieboer et al., 2009)

Walsh et al. (2009) performed a meta-analysis of RCTs to compare outcomes in total AH and total LH for benign disease in women who were not candidates for a vaginal approach. Results indicated that TLH is associated with reduced overall peri-operative complications and reduced estimated blood loss. Additionally, there are trends towards shorter hospital stay and postoperative hematoma formation compared to AH. However, there were longer operating times in the LH group. Although the rates of major complication were not statistically different, the authors note that this analysis is likely underpowered to detect many major complications. Larger studies are needed to assess the impact on major complications and long-term clinical outcomes.

### **Professional Societies**

#### ***American Association of Gynecologic Laparoscopists (AAGL)***

An AAGL position statement concludes that most hysterectomies for benign disease should be performed either vaginally or laparoscopically. These approaches are associated with low surgical risks and can be performed with a short hospital stay. AH should be reserved for the minority of women for whom a laparoscopic or vaginal approach is not appropriate. (2011)

#### ***American College of Obstetricians and Gynecologists (ACOG)***

An ACOG committee opinion states that VH is the approach of choice whenever feasible. Evidence demonstrates that, in general, VH is associated with better outcomes and fewer complications than LH or AH. LH is an alternative to AH when a VH is not indicated or feasible. (ACOG, 2017)

### **U.S. FOOD AND DRUG ADMINISTRATION (FDA)**

The interventions described in this policy are surgical procedures and are not subject to FDA approval. There are many surgical instruments approved for use in pelvic and abdominal surgery. See the following website to search for specific products. Available at: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed May 17, 2018)

A November 24, 2014 FDA Safety Communication recommends that manufacturers of laparoscopic power morcellators with a general indication or a specific gynecologic indication prominently include the following black box warning and contraindications in their product labeling:

**WARNING:** Uterine tissue may contain unsuspected cancer. The use of laparoscopic power morcellators during fibroid surgery may spread cancer, and decrease the long-term survival of patients. This information should be shared with patients when considering surgery with the use of these devices.

#### **CONTRAINDICATIONS:**

- Laparoscopic power morcellators are contraindicated in gynecologic surgery in which the tissue to be morcellated is known or suspected to contain malignancy.
- Laparoscopic power morcellators are contraindicated for removal of uterine tissue containing suspected fibroids in patients who are peri- or post-menopausal, or are candidates for en bloc tissue removal, for example through the vagina or via a mini-laparotomy incision.

See the following website for additional information. <http://www.fda.gov/downloads/MedicalDevices/Safety/AlertsandNotices/UCM424444.pdf>. (Accessed May 17, 2018)

### **REFERENCES**

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [2018T0572G]

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Gendy R, Walsh CA, Walsh SR, et al.. Vaginal hysterectomy versus total laparoscopic hysterectomy for benign disease: a meta-analysis of randomized controlled trials. Am J Obstet Gynecol. 2011 May;204(5):388.e1-8.

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**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
10/01/2018	<ul style="list-style-type: none"> <li>• Updated list of related policies; removed reference link to the Reimbursement Policy titled <i>Robotic Assisted Surgery</i></li> <li>• Updated coverage rationale to clarify hysterectomy is proven and medically necessary in certain circumstances; see MCG™ Care Guidelines, 22<sup>nd</sup> edition, 2018 for <i>medical necessity</i> clinical coverage criteria</li> <li>• Updated supporting information to reflect the most current description of services</li> <li>• Archived previous policy version SURGERY 104.7 T2</li> </ul>