Hysterectomy
Medicare Advantage Prior Authorization Request Form — Fax: 866-874-0857

Clear Form

ONLY COMPLETED FORMS CAN BE PROCESSED
Harvard Pilgrim reserves the right to request additional clinical information.
Incomplete forms or lack of supporting documentation may delay response time.

Please check the box below only if request meets the definition of "expedited."

☐ Expedited: Medicare defines expedited requests as those where "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

Patient Information	**Person Completing Form**
Patient name:	Name:
HPHC member ID #:	Phone #:
Date of birth:	Fax #:
Requesting Provider	**Servicing Provider/Facility**
Name:	Name:
HPHC provider ID #:	Address:
NPI #:	
Date of service:	HPHC provider ID # (*if known*)
Diagnosis:	Tax ID #:
ICD-10 code:	
Service type: ☐ Inpatient ☐ Outpatient ☐ Other	Number of visits/units requested:
Service location:	Authorization type:

Procedure code(s) — *Check all codes that apply*:

☐ 58180	☐ 58267	58291	☐ 58544	58570
☐ 58200	☐ 58270	58293	☐ 58548	58571
☐ 58210	☐ 58275	58294	☐ 58550	58572
☐ 58260	☐ 58280	58541	☐ 58552	☐ 58573
☐ 58262	58285	☐ 58542	☐ 58553	
☐ 58263	☐ 58290	58543	☐ 58554	

If you have any questions about this process, please contact the Medicare Advantage Provider Service Center at **888-609-0692.**

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Hysterectomy

Click to view Harvard Pilgrim's Medical Review Criteria for Hysterectomy Policy.

Hysterectomy is authorized when medical record documentation confirms that a female member has been diagnosed with any of the following conditions (select below):

- 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)
- When member will be undergoing authorized female to male gender reassignment surgery

Other Conditions	Criteria (check all that apply)
Abnormal Uterine Bleeding	Normal endometrium (e.g., no endometrial lesion) confirmed within the past 3 months No active or untreated thyroid disease Failed prior endometrial ablation/resection or D&C Bleeding that interferes with ADL Anemia that has not responded to12 weeks or more of treatment with iron Persistent bleeding following endometrial ablation, resection or D&C Treatment with 3 cycles of progestin, oral contraceptives, or tranexamic acid Use of levonorgestrel-releasing intrauterine system (LNG-IUS)
Adenomyosis	Member is experiencing: Abnormal bleeding that interferes with ADLs Anemia that has not responded to 12 weeks or more of treatment with iron Significant pelvic pain/discomfort that interferes with ADL Urinary frequency or urgency Deep dyspareunia Symptoms/findings have continued following 12 weeks or more of treatment with NSAIDs AND Gonadotropin-Releasing Hormone (GnRH) agonist, oral contraceptives, or Depo-Provera
Cervical Intra-epithelial Neoplasia (CIN) 2 or 3	Endocervical curettage (ECC) or biopsy confirmation of abnormal or severely abnormal cells on cervical surface at least 4 months after initial procedure (e.g., loop electrosurgical excision, cone biopsy, laser therapy/ablation, cryotherapy) Abnormal cells cannot be safely removed with a second conservative excision
Chronic Pelvic Pain	Unable to diagnose source/cause of pain by: Diagnostic laparoscopy, operative hysteroscopy and endometrial sampling/ biopsy Evaluation of bladder by cystoscopy Evaluation of potential gastrointestinal etiology Normal lab findings (i.e., urinalysis, urine culture, CBC with differential) A 3-month (12 week) trial of medical therapies including NSAIDs, and hormonal treatment has failed to relieve pain If medical therapies are contraindicated, documentation of the contraindication(s) is required

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Other Conditions	Criteria (check all that apply)
Endometrial Hyperplasia with Cellular Atypia	Diagnosis confirmed by biopsy or Dilation and Curettage (D&C)) Conservative treatment options (e.g., hormone therapy) have been discussed, (Discussion must be documented.) History of failed hormone treatment Contraindication to anti-estrogen treatment
Endometriosis	Symptoms persists after conservative surgery attempted (e.g., prior laparoscopy with or without implant ablation and lysis of adhesions) unless surgery is contraindicated Symptoms persist after 12 weeks or more of hormone therapy with GnRH agonist, oral contraceptives, Depo-Provera, or Danazol
Pelvic Inflammatory Disease (PID)	Pelvic pain and at least 1 documented episode of PID (with positive culture, abnormal CBC with differential, or high fever or US showing adnexal mass or tubo-ovarian abscess.) Failed to respond after at least 1 course of antibiotic treatment
Tubo-Ovarian Abscess (TOA)	Documentation confirms abscess (on imaging) and no ectopic pregnancy Pelvic pain, or abdominal tenderness with persistent adnexal mass after initiation of antibiotics (on palpation or ultrasound) Symptoms worsened during antibiotic treatment Elevated WBC and temperature greater than 100.4 F° unresponsive to appropriate antibiotic treatment
Uterine Fibroids	Ultrasound confirms presence of uterine fibroids, and documentation confirms: *For pre-menopausal woman:* Bleeding that interferes with ADL Anemia unresponsive to 12 or more weeks of treatment with Iron Significant pain/pressure unresponsive to medical management (NSAIDS and hormone treatment) Ureteral compression (from uterus) at the pelvic rim on imaging Urinary frequency or urgency without other etiologies Deep dyspareunia without other etiology *For post-menopausal woman:* Uterine size at least 12 weeks gestation (ultrasound confirmation required) Uterine growth when not on HRT, or after HRT is discontinued Ureteral compression due to enlarged uterus (confirmed on imaging) Pelvic or abdominal pain/discomfort not caused by other etiologies Urinary frequency/urgency not caused by other etiologies Deep dyspareunia, etiology not evident
Uterine Prolapse	History of pelvic pain/pressure, or stress incontinence Cervical or vaginal ulceration with bleeding or spotting Vaginal splinting

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Describe previous treatments, contraindications and outcomes, if applicable.	
I attest that this form has been completed by me or my designee and that all information is true and correct.	MD Name

Please complete and submit your request online using *HPHConnect* for providers. Register for *HPHConnect* online at *www.harvardpilgrim.org/providers*. If you have any questions about this process, please contact the Provider Service Center at 800-708-4414.

FAX completed form to 800-232-0816