PURPOSE
To establish criteria for coverage of hysterectomy for the treatment of dysmenorrhea.

POLICY
Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (A-G):

A) Patient history of:
   1) No treatable conditions or lesions found on laparoscopic examination
   2) Pain for more than 6 months with negative effect on patient’s quality of life

B) Failure of a six-month therapeutic trial with both of the following (1 and 2) unless there are contraindications to use:
   1) Hormonal therapy (a or b):
      a) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy or similar
      b) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   2) Nonsteroidal anti-inflammatory drugs

C) Evaluation of the following systems as possible sources of pelvic pain:
   1) Urinary
   2) Gastrointestinal
   3) Musculoskeletal

D) Evaluation of the patient’s psychological and psychosexual status for nonsomatic cause of symptoms

E) Nonmalignant cervical cytology if cervix is present

F) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
G) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized