Medical Policy:
Hysterectomy for Treatment of Endometriosis and Adenomyosis

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Title: Hysterectomy for Treatment of Endometriosis and Adenomyosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department: Medical</td>
<td>Unit:</td>
</tr>
<tr>
<td>Effective Date: 01/01/2014</td>
<td>Revision Date:</td>
</tr>
</tbody>
</table>

PURPOSE
To establish criteria for coverage of hysterectomy for the treatment of Endometriosis and Adenomyosis.

POLICY
Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):

1) Patient history of (a and b):
   a. Prior detailed operative description or histologic diagnosis of endometriosis
   b. Presence of pain for more than six months with negative effect on patient’s quality of life

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

3) Nonmalignant cervical cytology, if cervix is present

4) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):

1) Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life
2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
   a. Hormonal therapy (i or ii):
      i. Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy or similar
      ii. Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   b. Nonsteroidal anti-inflammatory drugs

3) One of the following (a or b):
   a. Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypoechoic myometrial echogenicity or presence of small myometrial cysts)
   b. MRI showing thickening of the junctional zone >12mm

4) Nonmalignant cervical cytology if cervix is present

5) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized