

Objective:

- I. To ensure effective utilization management through the adherence of practice guidelines and consistent criteria review.

Policy:

- I. This policy is taken from the Guideline Note number 55 of the Prioritized List for Tuality Health Alliance (THA) Oregon Health Plan (OHP) members.
- II. Currently treatment for Pelvic Pain is a non-funded syndrome that is placed on Line 544 of the Department of Human Services Prioritized List. However, diagnostics are still covered to diagnose a covered illness.
- III. Diagnostic MRI may be indicated for evaluation of pelvic pain to assess for Adenomyosis and to assist in the management of these challenging patients when all of the following are documented:
 - A. Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 - B. Failure of a six-month therapeutic trial with both of the following (unless there are contraindications to use):
 1. Hormonal therapy (a or b):
 - a. Oral contraceptives of Depro-Provera
 - b. Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 2. Nonsteroidal anti-inflammatory drugs
 - C. Age > 30 years
 - D. An endovaginal ultrasound within the past 12 months that shows no other suspected gynecological pathology if diagnostic MRI shows > 12mm thickening of the junctional zone, the presumptive diagnosis of adenomyosis is fulfilled (making it a covered condition).
- IV. Hysterectomy for chronic pelvic pain in the absence of significant pathology may be indicated when all of the following are documented:
 - A. Patient history of:
 1. No remediable pathology 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 unless there are contraindications to use:
 - 1. Hormonal therapy (a or b):
 - a. Oral contraceptives
 - 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

Reference: Health Services Commission Prioritized List Guideline Note 55

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THA Plan Director

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