



Medically Necessary, Potentially Sterilizing Procedures Performed in 2024.

As required by law (Penal Code Section 3440), the following medically necessary, potentially sterilizing procedures were performed in calendar year 2024. This information includes age, race, medical necessity and procedure performed on the patient.

Age	Race	ICD Primary Diagnosis Description (Medical Justification)	ICD Primary Procedure Description	Additional Context
64	Other	Gender identity disorder.	Laparoscopy, w/removal of tubes.	Medically necessary. For gender dysphoria in a post-menopausal pt.
58	Mexican	Transsexualism.	Laparoscopy, w/removal of tubes.	Medically necessary. For gender dysphoria in a post-menopausal pt.
49	Black	Endometriosis, unspecified.	Removal of ovary/oviduct(s).	Medically necessary for stage IV endometriosis in a post-menopausal pt s/p hysterectomy in 2019.
39	Black	Leiomyoma of uterus, unspecified.	Laparoscopy w/ removal of tube(s) and/or ovary(s).	Medically necessary. SMART approved.
55	Hispanic	Transsexualism.	Laparoscopy, w/removal of tubes.	Medically necessary. For gender dysphoria in a post-menopausal pt.
33	White	Chronic salpingitis.	Laparoscopy w/removal of adnexal structures.	Medically necessary. SMART approved.
57	Hispanic	Pelvic and perineal pain.	Laparoscopy, w/removal of tubes.	Medically necessary. SMART approved.
40	Black	Abnormal uterine and vaginal bleeding, unspecified.	Vaginal hysterectomy, w/tube/ovary.	Medically necessary. SMART approved.
48	Hispanic	Carcinoma in situ of cervix, unspecified.	Laparoscopy w/vaginal hysterectomy w/t/o <250 gm.	Medically necessary. SMART approved.
45	Hispanic	Moderate cervical dysplasia.	Laparoscopy, w/removal of tubes.	Medically necessary. SMART approved.
41	Hispanic	Malignant neoplasm of corpus uteri, unspecified.	Total hysterectomy.	Medically necessary. SMART approved.

42	American Indian	Pelvic and perineal pain.	Laparoscopy, w/removal of tubes.	Medically necessary. SMART approved.
50	White	Unspecified ovarian cyst.	Laparoscopy w/removal of adnexal structures.	Medically necessary. SMART approved.
36	Black	Abnormal uterine and vaginal bleeding, unspecified.	Partial hysterectomy.	Medically necessary. SMART approved.
40	White	Endometriosis, unspecified.	Laparoscopy, w/removal of tubes.	Medically necessary. SMART approved.