



Reimbursement Policy

Subject: Hysterectomy

Effective Date:
07/14/16

Committee Approval Obtained:
07/14/16

Section: **Surgery**

*****The most current version of the Reimbursement Policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state. *****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Amerigroup may:

- Reject or deny the claim
- Recover and/or recoup claim payment

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup allows reimbursement of non-elective and medically necessary hysterectomy procedures for covered members unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate and receipt of a valid

consent/acknowledgement of hysterectomy form.

Amerigroup considers reimbursement for a hysterectomy **only** when the following criteria is met:

- The hysterectomy is medically necessary to treat an illness or injury.
- The member has given informed consent.
- The member or authorized representative is fully aware that the hysterectomy will render the member permanently incapable of reproducing and has verbally and in writing expressed this understanding.
- The member or authorized representative has signed and dated an applicable state-approved consent/acknowledgement of hysterectomy form. The form is required regardless of the member's diagnosis or age.

NOTE: If the member was already sterile before the hysterectomy **or** if the individual required a hysterectomy because of a life threatening emergency situation in which the physician determined that prior consent/acknowledgement was not possible:

- The consent/acknowledgement of hysterectomy form with the physician's certification will be required; and
- The member's informed consent/acknowledgement of hysterectomy will not be required.

Claims for professional and/or facility services for a hysterectomy submitted without the valid informed consent/acknowledgement of hysterectomy form may be rejected or denied. A "valid" consent/acknowledgement of hysterectomy form has to be properly executed and include all required signatures:

- Member, except as noted
- Person obtaining the member's consent
- The physician performing the hysterectomy

If a hysterectomy is performed in conjunction with a delivery, then multiple surgery guidelines apply (refer to Amerigroup Multiple and Bilateral Surgery policy).

Nonreimbursable:

Amerigroup does **not** allow reimbursement of a hysterectomy in the following circumstances:

- The hysterectomy is performed for the sole purpose of rendering the member permanently incapable of reproduction.

	<ul style="list-style-type: none"> • There is more than one reason for the hysterectomy, but the primary reason is to render the member permanently incapable of reproduction. • The hysterectomy is performed for the purpose of cancer prophylaxis.
Exemptions	<ul style="list-style-type: none"> • Amerigroup Kansas, Inc. in accordance with the Kansas Medical Assistance Program (KMAP): <ul style="list-style-type: none"> ○ Requires that the consent form only needs to be submitted with the surgeon’s claim at the time of submission. However, no related claim will be paid until the consent documentation with the surgeon’s claim has been reviewed and determined to be reimbursable, unless the related claim has the correct and completed form attached. ○ Requires a “sterilization” consent form if the hysterectomy was performed on a member who was not already sterile ○ Does not require a specific consent form if one of the following conditions are met: <ul style="list-style-type: none"> ▪ Written certification from the provider that the member was already sterile, including the cause of the sterility (a statement on the face of the claim is acceptable if the claim is signed by the physician or has his/her stamped signature) ▪ Written certification that the surgery was performed under a life-threatening situation (a statement on the face of the claim is acceptable if the claim is signed by the physician or has his/her stamped signature) • Amerigroup Community Care in Maryland does not require a consent/acknowledgement form for members over the age of 55. • Amerigroup in Texas does not require a consent form if the following conditions are met: <ul style="list-style-type: none"> ○ Written certification from the provider that the member was already sterile, including the cause of sterility ○ Written certification that the surgery was performed under a life-threatening situation • Amerigroup does not require informed consent/acknowledgement of hysterectomy forms submitted with claims under the Medicare Advantage product; however the form will be required for coordination of benefits if a claim for the same member is also submitted under an Amerigroup Medicaid product.
History	<p>Policy History:</p> <ul style="list-style-type: none"> • Biennial review approved and effective 07/14/16: Policy template updated

	<ul style="list-style-type: none"> • Effective 12/31/15: Exited Florida Medicare • Review approved 04/27/15: Policy template and background section updated • Update due to regulatory directive (Committee Approval not required in accordance with Reimbursement Policy Program Guidelines, policy #05-017), Effective 02/01/15: Kansas exemption updated 03/12/15 • Biennial review approved and effective 04/14/14: Policy language and exemption section updated • Effective 07/30/13: Exited Ohio • Update due to regulatory directive (Committee Approval not required in accordance with Reimbursement Policy Program Guidelines, policy #05-017): Kansas exemption added • Biennial review approved 09/30/11 and effective 02/12/09: Accountability language updated; Background references updated; South Carolina exemption removed; acknowledgement of hysterectomy form language added • Update approved 11/13/09: Tennessee exemption for rules and requirements in separate policy removed—Tennessee rules and requirements in accord with this policy • Review approved 12/29/08 and effective 02/12/09: Consent form criteria clarified; medical criteria removed • Initial committee approval and effective date: 12/12/06
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts • American College of Obstetricians and Gynecologists (ACOG) • Code of Federal Regulations (CFR), Subpart F- Sterilizations §441.250- §441.258
Definitions	<ul style="list-style-type: none"> • Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Related Materials	<ul style="list-style-type: none"> • Hysterectomy Acknowledgment Form • Acknowledgment of Receipt of Hysterectomy Information • Instructions for Completing the Hysterectomy Acknowledgment Form