

		Reimbursement Policy	
Subject: Hysterectomy			
Effective Date: 10/01/17	Committee Approval Obtained: 08/03/18	Section: Surgery	
<p>***** The most current version of our 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/DC. *****</p>			
<p>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 District of Columbia, Inc. 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 District 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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements.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.</p> <p>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.</p>			
Policy	<p>Amerigroup allows reimbursement of nonelective and medically necessary hysterectomy procedures for covered members unless provider, District, 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.</p> <p>Amerigroup considers reimbursement for a hysterectomy only when the following criteria are met:</p>		

	<ul style="list-style-type: none"> • 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 District-approved consent/acknowledgement of hysterectomy form. The form is required regardless of the member’s diagnosis or age. <p>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:</p> <ul style="list-style-type: none"> • The consent/acknowledgement of hysterectomy form with the physician’s certification will be required. • The member’s informed consent/acknowledgement of hysterectomy will not be required. <p>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:</p> <ul style="list-style-type: none"> • Member, except as noted • Person obtaining the member’s consent • The physician performing the hysterectomy <p>If a hysterectomy is performed in conjunction with a delivery, then multiple surgery guidelines apply (refer to our Multiple and Bilateral Surgery policy).</p> <p>Nonreimbursable Amerigroup does not allow reimbursement of a hysterectomy in the following circumstances:</p> <ul style="list-style-type: none"> • The hysterectomy is performed for the sole purpose of rendering the member permanently incapable of reproduction. • 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.
History	<ul style="list-style-type: none"> • Biennial review approved 08/03/18

	<ul style="list-style-type: none"> Initial approval 07/19/17 and effective 10/01/17
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> CMS DC Department of Health Care Finance policies Amerigroup contract with the DC Department of Health Care Finance American College of Obstetricians and Gynecologists Code of Federal Regulations, Subpart F — Sterilizations §441.250-§441.258
Definitions	<ul style="list-style-type: none"> General 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