

		<b>Reimbursement Policy</b>
<b>Subject: Hysterectomy</b>		
Effective Date: <b>10/01/17</b>	Committee Approval Obtained: <b>08/03/18</b>	Section: <b>Surgery</b>
<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 <a href="https://providers.amerigroup.com/TX">https://providers.amerigroup.com/TX</a>.*****</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 STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP 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>		
<b>Policy</b>	Amerigroup STAR+PLUS MMP allows reimbursement of nonelective 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.	

	<p>Amerigroup STAR+PLUS MMP considers reimbursement for a hysterectomy only when the following criteria are met:</p> <ul style="list-style-type: none"> <li>• The hysterectomy is medically necessary to treat an illness or injury.</li> <li>• 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.</li> </ul> <p>If a hysterectomy is performed in conjunction with a delivery, then multiple surgery guidelines apply. (Refer to Multiple and Bilateral Surgery Reimbursement Policy.)</p> <p><b>Nonreimbursable</b> Amerigroup STAR+PLUS MMP does not allow reimbursement of a hysterectomy in the following circumstances:</p> <ul style="list-style-type: none"> <li>• The hysterectomy is performed for the sole purpose of rendering the member permanently incapable of reproduction.</li> <li>• There is more than one reason for the hysterectomy, but the primary reason is to render the member permanently incapable of reproduction.</li> <li>• The hysterectomy is performed for the purpose of cancer prophylaxis.</li> </ul>
<b>Exemptions</b>	<ul style="list-style-type: none"> <li>• Amerigroup Texas, Inc. and Amerigroup Insurance Company require a consent form unless the following conditions are met: <ul style="list-style-type: none"> <li>○ Written certification from the provider that the member was already sterile, including the cause of sterility</li> <li>○ Written certification that the surgery was performed under a life-threatening situation</li> </ul> </li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved <b>08/03/18</b></li> <li>• Initial approval <b>04/03/17</b> and effective <b>10/01/17</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Texas Health and Human Services Commission (HHSC)</li> <li>• Amerigroup STAR+PLUS MMP contract with HHSC</li> <li>• American College of Obstetricians and Gynecologists</li> <li>• Code of Federal Regulations, Subpart F — Sterilizations §441.250-§441.258</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Multiple and Bilateral Surgery: Professional and Facility Reimbursement</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• Hysterectomy Acknowledgment Form</li> <li>• Acknowledgment of Receipt of Hysterectomy Information</li> <li>• Instructions for Completing the Hysterectomy Acknowledgment Form</li> </ul>