



Reimbursement Policy

Subject: Hysterectomy

Effective Date:
07/14/16

Committee Approval Obtained:
07/13/20

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. 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 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 and receipt of a valid *Consent/Acknowledgement of Hysterectomy Form*.

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

	<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.
Exemptions	<ul style="list-style-type: none"> • Amerigroup Community Care in Maryland does not require a <i>Consent/Acknowledgement of Hysterectomy Form</i> for members over the age of 55. • Amerigroup Community Care in Tennessee allows a hysterectomy to be performed for the purpose of cancer prophylaxis. • Amerigroup Texas, Inc. and Amerigroup Insurance Company 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 Washington, Inc. requires a written consent form even if the member was already sterile or is a result of a life-threatening emergency. • Amerigroup does not require an informed <i>Consent/Acknowledgement of Hysterectomy Form</i> submitted with claims under the Medicare Advantage product.
History	<ul style="list-style-type: none"> • Update due to regulatory directive effective 07/01/20: Tennessee exemption added • Biennial review approved 07/13/20 <ul style="list-style-type: none"> ○ Effective 04/01/21: Washington exemption added • Biennial review approved 08/03/18 <ul style="list-style-type: none"> ○ Effective 08/03/18: Medicare Advantage exemption updated • Biennial review approved and effective 07/14/16: Policy template updated • Review approved 04/27/15: Policy template and background section updated • Biennial review approved and effective 04/14/14: Policy language and exemption section updated • Biennial review approved 09/30/11 and effective 02/12/09: Background references updated; 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

	<ul style="list-style-type: none"> • Review approved 12/29/08 and effective 02/12/09: Consent form criteria clarified; Medical criteria removed • Initial approval effective 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 • 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