

Subject: Hysterectomy

Policy

CareSource provides coverage for hysterectomy when it meets the criteria outlined in this policy. The physician is responsible for obtaining the state-appropriate signed informed consent form from the member.

Definitions

"Hysterectomy," means a medical procedure or operation for the purpose of removing the uterus. *(From 42 CFR 441.251)*

"Institutionalized individual," means an individual who is (a) involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness; or (b) confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness. *(From 42 CFR 50.202)*

"Mentally incompetent individual," means an individual who has been declared mentally incompetent by a Federal, State, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilization. *(From 42 CFR 50.202)*

"Sterilization," means any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing. *((From 42 CFR 441.251)*

Provider Reimbursement Guidelines

Prior Authorization

CareSource requires prior authorization only for inpatient hysterectomy.

Reimbursement

CareSource will reimburse Medicaid providers for hysterectomy only if:

- Written consent to the hysterectomy procedure is obtained from members on the appropriate form. The primary surgeon performing the hysterectomy is responsible for securing the member's consent to the procedure.
- A copy of the state-appropriate signed/approved form is provided for all hysterectomies, whether performed as a primary or secondary procedure, or for medical procedures directly related to such hysterectomies.

- The form should include the appropriate, legible signature(s) and must be submitted to CareSource with the claim.

CareSource will not reimburse providers for hysterectomy if:

- The hysterectomy was performed solely for the purpose of rendering an individual permanently incapable of reproducing; or
- There was more than one purpose to the hysterectomy, and it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing; or
- The requirements of this policy and 42 C.F.R. part 441 subpart F (Code of Federal Regulations) are not met.

Billing

The appropriate documentation must be attached to the claim form, or sent separately to CareSource for claims submitted electronically. All providers rendering hysterectomy related services (e.g. anesthesiologist, etc.) must attach an exact photocopy of the appropriate sterilization acknowledgement or physician certification statement(s) to the claim(s). To ensure timely reimbursement, the primary service provider is advised to forward copies of the sterilization acknowledgement or physician certification statement(s) to these related service providers.

Providers must submit the professional service using Current Procedural Terminology.

Related Policies & References

OAC 5160-21-02.2, "Medicaid Covered Reproductive Health Services: permanent contraception/sterilization services and hysterectomy"

907 KAR 1:054. Primary care center and federally-qualified health center services

KAR 3:005 Physicians' Services; Section 4 (10) (f)

CareSource - Provider Manual

State Exceptions

NONE

Document Revision History

10/31/2013 – OAC Rule renumbered from "5101:3-21-02.2," per Legislative Service Commission Guidelines.