

		<b>Reimbursement Policy</b>
<b>Subject: Hysterectomy</b>		
Effective Date: <b>07/13/20</b>	Committee Approval Obtained: <b>07/13/20</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.healthybluella.com">https://providers.healthybluella.com</a>.*****</p>		
<p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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<sup>®</sup> 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, Healthy Blue 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>Healthy Blue 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Healthy Blue strives to minimize these variations.</p> <p>Healthy Blue 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>	<p>Healthy Blue 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 <i>Consent/Acknowledgement of Hysterectomy Form</i>.</p> <p>Healthy Blue considers reimbursement for a hysterectomy only when the following criteria are met:</p>	

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- 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.

Healthy Blue does not require a consent form if the individual was retroactively certified for Medicaid benefits and the provider certifies in writing that the individual was informed that the hysterectomy would make her permanently incapable of reproducing.

**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.
- 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.

**Nonreimbursable:**

Healthy Blue 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"> <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>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective <b>07/13/20</b>: Policy language updated</li> <li>• Effective <b>09/01/17</b>: Policy template updated</li> <li>• Biennial review approved and effective <b>07/14/16</b>: Policy template updated</li> <li>• Review approved <b>04/27/15</b>: Policy template updated</li> <li>• Biennial review approved and effective <b>04/14/14</b>: Policy language updated</li> <li>• Biennial review approved <b>09/30/11</b> and effective <b>02/12/09</b>: Policy language updated; Policy template updated</li> <li>• Review approved <b>11/13/09</b>: Policy template updated</li> <li>• Review approved <b>12/29/08</b> and effective <b>02/12/09</b>: Policy language updated</li> <li>• Initial review approved and effective <b>12/12/06</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>• State Medicaid</li> <li>• State contracts</li> <li>• American College of Obstetricians and Gynecologists (ACOG)</li> <li>• Code of Federal Regulations (CFR), 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>