

# Hysterectomy

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4017

Recent review date: 8/2023

Next review date: 12/2024

Policy contains: Hysterectomy

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Federal regulations governing AmeriHealth Caritas Louisiana payment of hysterectomies prohibit payment under the following circumstances:

- If the hysterectomy is performed solely for the purpose of terminating reproductive capability; or
- If there is more than one purpose for performing the hysterectomy, but the procedure would not be performed except for the purpose of rendering the recipient permanently incapable of reproducing.

AmeriHealth Caritas Louisiana guidelines only allow payment to be made for a hysterectomy when:

- The person securing authorization to perform the hysterectomy has informed the recipient and her representative (if any), both orally and in writing, that the hysterectomy will make the recipient permanently incapable of reproducing; and
- The recipient or her representative (if any) has signed a written acknowledgement of receipt of that information. (Acknowledgement of Receipt of Hysterectomy Information (BHSF Form 96-A) is available on the AmeriHealth Caritas Louisiana website under the "Forms/Files/User Manuals" link: <https://www.amerhealthcaritasla.com/provider/resources/forms/index.aspx>.)

These regulations apply to all hysterectomy procedures, regardless of the woman's age, fertility, or reason for surgery.

## Consent for Hysterectomy

The hysterectomy consent form must be signed and dated by the recipient on or before the date of the hysterectomy.

The consent must include signed acknowledgement from the recipient stating she has been informed orally and in writing that the hysterectomy will make her permanently incapable of reproducing.

The physician who obtains the consent should share the consent form with all providers involved in that recipient's care, (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon) as each of these claims must have the valid consent form attached. To avoid a "system denial", the consent must be attached to any claim submission related to a hysterectomy.

When billing for services that require a hysterectomy consent form, the name on the AmeriHealth Caritas Louisiana file for the date of service in which the form was signed should be the same as the name signed at the time consent was obtained. If the recipient's name is different, the provider must attach a letter from the physician's office from which the consent was obtained. The letter should be signed by the physician and should state that the recipient's name has changed and should include the recipient's social security number and date of birth. This letter should be attached to all claims requiring consent upon submission for claims processing.

A witness signature is needed on the hysterectomy consent when the recipient meets one of the following criteria:

- Recipient is unable to sign her name and must indicate "x" on the signature line; or
- There is a diagnosis on the claim that indicates mental incapacity.

If a witness signs the consent form, the signature date must match the date of the recipient's signature. If the dates do not match, or the witness does not sign and date the form, claims related to the hysterectomy will be denied.

## Exceptions

Obtaining consent for a hysterectomy is unnecessary in the following circumstances:

- The recipient was already sterile before the hysterectomy, and the physician who performed the hysterectomy certifies in writing that the recipient was sterile at the time of the hysterectomy and states the cause of sterility;
- The recipient required a hysterectomy because of a life-threatening emergency situation in which the physician determined that prior acknowledgment was not possible, and the physician certifies in writing that the hysterectomy was performed under these conditions and includes in the narrative a description of the nature of the emergency; or
- The recipient was retroactively certified for AmeriHealth Caritas Louisiana benefits, and the physician who performed the hysterectomy certifies in writing that the recipient was informed before the operation that the hysterectomy would make her permanently incapable of reproducing. In addition, if the recipient was certified retroactively for benefits, the physician must certify in writing that the hysterectomy was performed under one of the above two conditions and that the recipient was informed, in advance, of the reproductive consequences of having a hysterectomy.

The written certification from the physician must be attached to the hard copy of the claim in order for the claim to be considered for payment.

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## References

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Louisiana Department of Health. 2011. Hospital Services Provider Manual. Inpatient Services. Chapter 5, Section 25.2. Issued 05/16/2023.

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## Policy updates

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Initial review date: 3/2/2021

2/2023: Policy references updated.

8/2023: Policy references updated.