

Reimbursement Policy

Subject: **Hysterectomy**

Policy Number: **G-06164**

Policy Section: **Surgery**

Last Approval Date: **07/17/2024**

Effective Date: **07/17/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to provider.wellpoint.com/tx.****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Wellpoint covered the service for the member's 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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Wellpoint strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

provider.wellpoint.com/tx/

Policy

Wellpoint 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.

Wellpoint 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 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.

If a hysterectomy is performed in conjunction with a delivery, then multiple surgery guidelines apply (refer to Modifiers 50 and 51: Multiple and Bilateral Surgery Reimbursement Policy.)

Nonreimbursable

Wellpoint 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.
- 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.

Related Coding

Standard correct coding applies

Exemptions

Texas Medicaid	Wellpoint, in compliance with the Texas Medicaid Provider Procedures Manual, 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.
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Policy History

07/17/2024	Review approved and effective: no changes
06/29/2022	Review approved and effective
07/13/2020	Review approved and effective
08/03/2018	Review approved and effective
04/03/2017	Initial approval 04/03/2017 and effective 10/01/2017

References and Research Materials
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This policy has been developed through consideration of the following:
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| <ul style="list-style-type: none">• American College of Obstetricians and Gynecologists (ACOG)• CMS• Code of Federal Regulations (CFR), Subpart F- Sterilizations §441.250- §441.258• State contract |
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Definitions

General Reimbursement Policy Definitions
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Related Policies and Materials

Modifiers 50 and 51: Multiple and Bilateral Surgery
