



Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC, HARP, and CHPlus programs only.

Reimbursement Policy	
Subject: Hysterectomy	
Policy Number: G-06164	Policy Number: G-06164
Last Approval Date: 07/17/2024	Last Approval 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 providerpublic.mybcbswny.com. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Highmark BCBS 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, Highmark BCBS 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or

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requirements. Highmark BCBS 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.

Policy

Highmark BCBS 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.

Highmark BCBS considers reimbursement for a hysterectomy only when the following criteria is 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 our Modifiers 50 and 51: Multiple and Bilateral Surgery policy).

Nonreimbursable

Highmark BCBS 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	
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Standard correct coding applies	
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Policy History	
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07/17/2024	Review approved and effective: no changes
06/29/2022	Review approved and effective
07/13/2020	Review approved and effective
07/14/2016	Initial approval 07/14/2016 and effective 01/01/2017

References and Research Materials	
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This policy has been developed through consideration of the following:

- American College of Obstetricians and Gynecologists (ACOG)
- CMS
- Code of Federal Regulations (CFR), Subpart F- Sterilizations §441.250-§441.258
- State contract
- State Medicaid

Definitions	
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General Reimbursement Policy Definitions	
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Related Policies and Materials	
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Modifiers 50 and 51: Multiple and Bilateral Surgery	
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