



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 <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + MedicareSM (HMO-POS D-SNP) 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, Blue Cross NC Medicare Advantage may:

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

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage 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

Blue Cross NC Medicare Advantage 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.

Blue Cross NC Medicare Advantage 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 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 orally and in writing expressed this understanding.
- The member or authorized representative has signed and dated an applicable *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.

Blue Cross NC Medicare Advantage does not require an informed *Consent/Acknowledgement of Hysterectomy* form to be submitted with claims.

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 the Modifiers 50 and 51: Multiple and Bilateral Surgery policy).

Nonreimbursable

Blue Cross NC Medicare Advantage 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

Policy History

07/17/2024	Review approved and effective: no changes
06/29/2022	Review approved and effective
01/01/2021	Initial approval and effective

References and Research Materials

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

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Modifiers 50 and 51: Multiple and Bilateral Surgery

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