

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 providers.anthem.com/ca. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem 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, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

Anthem 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.

Anthem 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.

Anthem allows a hysterectomy to be performed for the purpose of cancer prophylaxis.

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

Anthem 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.

Related Coding	
Standard correct coding applies	

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
07/19/2017	Initial approval 07/19/2017 and effective 10/05/2017

References and Research Materials	
<p>This policy has been developed through consideration of the following:</p> <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 • State Medicaid 	

Definitions	
General Reimbursement Policy Definitions	

Related Policies and Materials	
Modifiers 50 and 51: Multiple and Bilateral Surgery	