

HYSTERECTOMY

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

The following providers may bill for hysterectomy services:

- Ambulatory surgical centers
- Anesthesiologists and CRNAs
- Hospitals
- Indian Health Services facilities (IHS)
- Nurse midwives
- Nurse practitioners
- Physician assistants
- Physicians
- Tribal 638 facilities

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter and in the table below:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to postpartum care only.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles for Medicare Part A and Part B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including issues that can harm the life of the mother or baby. Covered as postpartum care when medically necessary.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Hysterectomies are covered when there is no equally effective course of treatment that would not result in sterilization. Documentation of the purpose of the procedure must be contained in the medical record.

Prior to a hysterectomy the recipient must be informed that the hysterectomy will render the individual permanently incapable of reproducing. The recipient must sign a statement acknowledging receipt of infertility information prior to surgery. Providers should use the [Acknowledgement of Information for Hysterectomy Form](#), which is available on the DSS website. Most hospital operative permits do not meet the federal requirements for hysterectomy information. Do not use a Sterilization Consent Form for a hysterectomy. Hysterectomies are not covered when done solely for the purpose of rendering an individual incapable of reproducing. The sterilization consent form contains information and fields that are not applicable to a hysterectomy.

Special Considerations for Individuals Already Sterile

If the woman was sterile prior to the hysterectomy, a Hysterectomy Acknowledgment of Information Form is not required. The physician must document that the recipient was sterile prior to the hysterectomy and the reason for the sterility. The documentation must be signed and dated by the physician and the documentation must be attached to the claim.

Special Considerations for Life-Threatening Emergencies

When a recipient requires a hysterectomy due to a life-threatening emergency, and the physician determines that prior acknowledgment is not possible the physician must certify in writing that the hysterectomy was performed under a life-threatening emergency in which he or she determined prior acknowledgment was not possible. The physician must also include a description of the nature of the emergency. This documentation, signed and dated by the physician, must be attached to the claim.

NON-COVERED SERVICES

General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

South Dakota Medicaid does not reimburse the following:

- Hysterectomy performed solely for the purpose of rendering an individual permanently incapable of reproducing;
- If there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing;
- When the Hysterectomy Acknowledgment of Information form is incomplete, inaccurate, or illegible; and
- When the Hysterectomy Acknowledgment of Information was signed more than 180 days prior to surgery.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

Hysterectomy Documentation

The medical record must reflect that the hysterectomy was not done primarily or solely for the purpose of rendering the individual sterile. The record must contain one of the following:

- A copy of the Acknowledgement of Information for Hysterectomy Form;
- Documentation that the recipient was sterile prior to the hysterectomy and the reason for the sterility. The documentation must be signed and dated by the physician; or
- Physician certification that the hysterectomy was performed under a life-threatening emergency in which he or she determined prior acknowledgment was not possible. The physician must also include a description of the nature of the emergency.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment

sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Reimbursement

The reimbursement methodology varies by provider type. Please refer to the provider manual section for your provider type for additional information.

Claim Instructions

Billing instructions vary by provider type. Please refer to the provider manual section for your provider type for additional information. The Acknowledgement of Information for Hysterectomy form must be submitted with the claim. If the form was not completed due to the individual already being sterile or due to a life-threatening emergency, the applicable above-referenced documentation in this manual must be submitted with the claim.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
 - [ARSD 67:16:03:02](#)
 - [ARSD 67:16:02:04](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

- 1. If a recipient had her sterilization reversed, is she required to sign the Hysterectomy Acknowledgement of Information form if a hysterectomy is being performed?**

Yes, after the reversal procedure the recipient is considered fertile; therefore the Hysterectomy Acknowledgement of Information Form must be signed.

- 2. Is an emergency hysterectomy be covered for a recipient who has not signed the required acknowledgment and is eligible for Medicaid under a pregnancy related aid category?**

If medically necessary, a hysterectomy may be covered. The physician must certify in writing that the hysterectomy was performed under a life-threatening emergency in which he or she determined prior acknowledgment was not possible. The physician must also include a description of the nature of the emergency. This documentation, signed and dated by the physician, must be attached to the claim along with the medical records.

- 3. Is a hysterectomy form needed for a post-menopausal woman?**

No, if an individual was already sterile before the procedure, a consent form is not necessary. A claim for a sterile individual must be submitted with physician certification that states the individual was already sterile at the time of the procedure and the cause of the sterility.

4. Is a hysterectomy procedure covered if the recipient has retroactive coverage for the date of service?

For retroactive coverage, the physician who performs the hysterectomy must certify in writing that the individual was informed in writing before the operation that the procedure would make him or her permanently incapable of reproducing, and one of the following conditions exists:

- The individual was already sterile before the procedure; or
- Requires the procedure because of a life-threatening emergency situation in which the physician determines prior acknowledgement is not possible.

South Dakota recommends utilizing the federal consent form for all planned hysterectomies regardless of a patient's payer source in case the individual later becomes eligible for Medicaid.