



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	1 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

PURPOSE:

To establish reimbursement guidelines for sterilizations and hysterectomies.

STATEMENT OF OBJECTIVE/OVERVIEW:

Sterilizations

Sterilization is any medical procedure, treatment or operation that is performed for the sole purpose of rendering an individual permanently incapable of reproducing.

Aetna Better Health of Louisiana (ABHLA) reimburses sterilization unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the satisfaction of all requirements set forth by [42 CFR §441.250 - 441.259](#), including the receipt of a state-approved consent form properly executed per state requirements, and on the applicable fee schedule or contracted/negotiated rate. ABHLA allows ancillary providers and hospitals to submit claims without the hard copy consent if the provider performing the sterilization has submitted a valid sterilization consent and was reimbursed for the procedure.

ABHLA reimburses sterilizations based on the following:

- the beneficiary is at least 21 years old at time the consent is obtained
- the beneficiary is a mentally competent individual.
- the beneficiary voluntarily gave informed consent in accordance with all federal requirements.
- at least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

ABHLA does not cover hysterectomies performed solely for the purpose of terminating reproductive capabilities. (See [Hysterectomies](#).)

Providers must use the current Health and Human Services consent forms for sterilizations:

- [Consent for Sterilization \(English\)](#)
- [Consent for Sterilization \(Spanish\)](#)



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	2 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

The consent form must be signed and dated by the individual to be sterilized, the interpreter (if used), the person who obtained the consent, and the physician performing the sterilization.

When the physician who will perform the procedure also obtained the consent, then the physician must sign both statements.

The physician who obtains the consent must share the consent form with all providers involved in that enrollee's care (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon).

Enrollees who undergo a covered hysterectomy must complete a hysterectomy consent form but are not required to complete a sterilization consent form. (See [Hysterectomies](#).)

A consent form is not required with each claim submitted. Ancillary providers and hospitals may submit claims without the hard copy consent when the provider performing the sterilization has submitted a valid sterilization consent and was reimbursed for the procedure.

Consent Forms and Name Changes

When billing for services requiring a sterilization consent form, the beneficiary's name on the Medicaid file for the date of service must be the same as the name signed at the time of consent. If the beneficiary's name is different, the provider must attach a letter from the provider's office from which the consent was obtained. The letter must be signed by the physician and must state the beneficiary's name has changed and must include the beneficiary's social security number and date of birth. This letter must be attached to all claims requiring consent upon submission for claims processing.

Correcting the Sterilization Consent Form

The informed consent must be obtained and documented prior to the performance of the sterilization. Errors in the following sections can be corrected, but only by the person over whose signature they appear:

- Consent to Sterilization
- Interpreter's Statement
- Statement of Person Obtaining Consent
- Physician's Statement



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	3 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

The physician who obtains the consent must share the consent form with all providers involved in that enrollee's care (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon).

If either the beneficiary, the interpreter, or the person obtaining consent returns to the office to make a correction to his/her portion of the consent form, the medical record must reflect his/her presence in the office on the day of the correction.

To make an allowable correction to the form, the individual making the correction must line through the mistake once, write the corrected information above or to the side of the mistake, and initial and date the correction. Erasures, "write-overs," or use of correction fluid in making corrections are unacceptable.

Only the beneficiary can correct the date to the right of his/her signature. The same applies to the interpreter, to the person obtaining consent, and to the doctor. The corrections of the beneficiary, the interpreter, and the person obtaining consent must be made before the claim is submitted.

The date of the sterilization may be corrected either before or after submission by the doctor over whose signature it appears. However, the operative report must support the corrected date.



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	4 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

An invalid consent form will result in denial of all claims associated with the sterilization. Consent forms will be considered invalid if:

- Errors have been made in correctable sections, but have not been corrected,
- Errors have been made in blanks that cannot be corrected, or
- The consent form shows evidence of erasures, "write-overs," or use of correction fluid

Hysterectomies

Federal regulations governing Medicaid payment of hysterectomies prohibit payment under the following circumstances:

- If the hysterectomy is performed solely for the purpose of terminating reproductive capability, or
- If there is more than one purpose for performing the hysterectomy, but the procedure would not be performed except for the purpose of rendering the individual permanently incapable of reproducing.

Louisiana Medicaid guidelines allow payment to be made for a hysterectomy only when:

- The person securing authorization to perform the hysterectomy has informed the individual and her representative (if any), both orally and in writing, that the hysterectomy will make the individual permanently incapable of reproducing, and
- The individual or her representative (if any) has signed a written acknowledgement of receipt of that information.

These regulations apply to all hysterectomy procedures, regardless of the woman's age, fertility, or reason for surgery.

Per the [Louisiana Department of Health \(LDH\) Informational Bulletin \(IB\) 20-10](#), the physician must obtain and submit the [required consent form](#).



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	5 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

A consent form is not required with each claim submitted. Ancillary providers and hospitals may submit claims without the hard copy consent when the provider performing the hysterectomy has submitted a valid hysterectomy consent and was reimbursed for the procedure.

Consent for Hysterectomy

The hysterectomy consent form must be signed and dated by the beneficiary on or before the date of the hysterectomy. The consent must include signed acknowledgement from the beneficiary stating she has been informed orally and in writing that the hysterectomy will make her permanently incapable of reproducing.

The physician who obtains the consent must share the consent form with all providers involved in that enrollee's care (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon). ABHLA allows ancillary providers and hospitals to submit claims without a hard copy consent form if the provider performing the hysterectomy has submitted a valid consent and was reimbursed for the procedure.

When billing for services that require a hysterectomy consent form, the name on the Medicaid file for the date of service in which the form was signed must be the same as the name signed at the time consent was obtained. If the beneficiary's name is different, the provider must attach a letter from the physician's office from which the consent was obtained. The letter must be signed by the physician and must state that the beneficiary's name has changed and must include the beneficiary's social security number and date of birth. This letter must be attached to all claims requiring consent upon submission for claims processing.

A witness signature is needed on the hysterectomy consent when the beneficiary is either a) unable to sign her name and must indicate "X" on the signature line, or b) there is a diagnosis on the claim that indicates mental incapacity.

If a witness signs the consent form, the signature date must match the date of the beneficiary's signature. If the dates do not match, or the witness does not sign and date the form, claims related to the hysterectomy will deny.

Exceptions

Obtaining consent for a hysterectomy is unnecessary in the following circumstances:



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	6 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

- The individual was already sterile before the hysterectomy, and the physician who performed the hysterectomy certifies in his/her own writing that the individual was already sterile at the time of the hysterectomy and states the cause of sterility.
- The individual required a hysterectomy because of a life-threatening emergency situation in which the physician determined that prior acknowledgment was not possible, and the physician certifies in his/her own writing that the hysterectomy was performed under these conditions and includes in his/her narrative a description of the nature of the emergency.
- The individual was retroactively certified for Medicaid benefits, and the physician who performed the hysterectomy certifies in their own writing that the individual was informed before the operation that the hysterectomy would make her permanently incapable of reproducing. In addition, if the individual was certified retroactively for benefits, and the hysterectomy was performed under one of the two other conditions listed above, the physician must certify in writing that the hysterectomy was performed under one of those conditions and that the beneficiary was informed, in advance, of the reproductive consequences of having a hysterectomy.

The written certification indicating the consent was unnecessary must be attached to the hard copy of the claim in order for the claim to be considered for payment.

DEFINITIONS:

Hysterectomy	A medical procedure or operation for the purpose of removing the uterus.
Sterilization	Any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.



Aetna Better Health® of Louisiana

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Sterilization and Hysterectomy	Page:	7 of 7
Department :	Reimbursement	Policy Number:	ABHLA-RP-A0039
Subsection:		Effective Date:	12/01/2021
Applies to:	Aetna Better Health of Louisiana		

LEGAL/CONTRACT REFERENCE:

[42 CFR §441.250 - 441.259](#)

[Louisiana Department of Health \(LDH\) Health Plan Advisory 20-11](#)

[Louisiana Medicaid Professional Services and Hospital Services provider manuals](#)

Review/Revision History	
5/10/2021	Submitted to LDH
10/13/2021	Resubmitted to LDH
10/19/2021	Resubmitted to LDH