



Provider Information on In-State Hysterectomy

Policy: Chapter I, Section 90.05-2B

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

No Prior Authorization is required for the CPT codes used for Hysterectomy.

Please note: there is a MaineCare Hysterectomy Information Form that is required to be signed by member and submitted with the claim for payment.

SCROLL TO NEXT PAGE FOR MAINECARE'S HYSTERECTOMY INFORMATION FORM LISTED ABOVE



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF MAINECARE SERVICES

HYSTERECTOMY INFORMATION FORM

A hysterectomy is an operation in which a woman's uterus (womb) is removed. A Hysterectomy should be done only when there is a disease or injury of the uterus or some other medical problem that can be treated only by removing the uterus. Your doctor should explain to you the reason for performing a Hysterectomy and the discomforts, risks, and benefits associated with a Hysterectomy.

A HYSTERCTOMY MAKES IT IMPOSSIBLE FOR AN INDIVIDUAL TO BECOME PREGNANT OR BEAR CHILDREN. Medicaid cannot pay for a Hysterectomy if the reason you are having it is to avoid bearing children. If this is the reason for your Hysterectomy, you should consider other methods of sterilization.

Federal regulations (42 CFR 441.255) require that a Medicaid recipient undergoing a Hysterectomy sign written acknowledgment of receipt of the above information, and documentation of this be obtained by the Medicaid agency before making payment (42 CFR 441.256).

ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION

I have read the above information about the Hysterectomy operation. I have also received an oral explanation about hysterectomies. The discomforts, risks, and benefits associated with a Hysterectomy have been explained to me. All of my questions have been answered to my satisfaction.

I UNDERSTAND THAT THE HYSTERECTOMY OPERATION WILL MAKE IT IMPOSSIBLE FOR ME TO BECOME PREGNANT OR BEAR CHILDREN. I UNDERSTAND THAT A HYSTERECTOMY IS A PERMANENT OPERATION.

(Patient's Name – Please Print)

(Patient's Signature)

(Date of Birth)

(Date)

Instructions:

This form must be provided to each MaineCare member for whom payment of a Hysterectomy operation is requested. A signed copy must accompany your usual billing invoice. If it is necessary to submit separately please send to the Department of Health and Human Services, Office of MaineCare Services, Claims Division, 11 State House Station, Augusta, ME 04333. No payment can be made until this form has been properly completed and furnished to the Department.

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