

Title 23: Division of Medicaid

Part 202: Hospital Services

Chapter 5: Hospital Procedures

Rule 5.6: Hysterectomy

- A. The Division of Medicaid defines a hysterectomy as the surgical removal of the uterus.
- B. The Division of Medicaid covers a hysterectomy when medically necessary in an inpatient or outpatient setting in accordance with current standards of medical practice and when:
 - 1. Prior to the hysterectomy:
 - a) The person who secured authorization to perform the hysterectomy has informed the beneficiary and guardian/legal representative, if any, orally and in writing that the hysterectomy will make the beneficiary permanently incapable of reproducing, and
 - b) The beneficiary or guardian/legal representative, the person that secured authorization for the hysterectomy, and the physician who performs the hysterectomy have completed and signed the appropriate section(s) of the Hysterectomy Acknowledgement Form;
 - 2. The beneficiary is already sterile before the hysterectomy and the physician certifies in writing on the Hysterectomy Acknowledgement Form that the beneficiary was already sterile at the time of the hysterectomy, and states the cause of sterility; or
 - 3. The beneficiary requires a hysterectomy because of a life-threatening emergency situation in which the physician determines that prior acknowledgement is not possible, and the physician certifies in writing on the Hysterectomy Acknowledgement Form that the hysterectomy was performed under a life-threatening emergency situation in which he or she determined prior acknowledgement was not possible and documents a description of the nature of the emergency.
- C. The Division of Medicaid does not cover a hysterectomy when:
 - 1. It is performed solely for the purpose of rendering a beneficiary permanently incapable of reproducing, or
 - 2. There was more than one (1) purpose to the hysterectomy and it would not have been performed but for the purpose of rendering the beneficiary permanently incapable of reproducing.

Source: 42 CFR § 441.255; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 12/01/2015; Added Rule 5.6.A., B.1-3, C, D eff. 05/01/2014; Moved from Rule 1.6 and revised eff. 10/01/2013.

|

Title 23: Division of Medicaid

Part 202: Hospital Services

Chapter 5: Hospital Procedures

Rule 5.6: Hysterectomy

A. The Division of Medicaid defines a hysterectomy as the surgical removal of the uterus.

B. The Division of Medicaid covers a hysterectomy when ~~deemed~~ medically necessary in an inpatient or outpatient setting in accordance with current standards of medical practice for beneficiaries who; and when:

~~1. Are non-institutionalized,~~

~~2. Are twenty one (21) years of age or older at the time of consent, and~~

~~3. Are mentally competent, able to understand the nature and consequences of the procedure, knowingly and voluntarily request the procedure, give informed consent to be sterilized, and complete the consent for sterilization as required in Miss. Admin. Code Title 23, Part 202, Rule 5.3B.~~

1. Prior to the hysterectomy:

a) The person who secured authorization to perform the hysterectomy has informed the beneficiary and guardian/legal representative, if any, orally and in writing that the hysterectomy will make the beneficiary permanently incapable of reproducing, and

b) The beneficiary or guardian/legal representative, the person that secured authorization for the hysterectomy, and the physician who performs the hysterectomy have completed and signed the appropriate section(s) of the Hysterectomy Acknowledgement Form; or

2. The beneficiary is already sterile before the hysterectomy and the physician certifies in writing on the Hysterectomy Acknowledgement Form that the beneficiary was already sterile at the time of the hysterectomy, and states the cause of sterility; or

3. The beneficiary requires a hysterectomy because of a life-threatening emergency situation in which the physician determines that prior acknowledgement is not possible, and the physician certifies in writing on the Hysterectomy Acknowledgement Form that the hysterectomy was performed under a life-threatening emergency situation in which he or she determined prior acknowledgement was not possible and documents a description of the nature of the emergency.

C. The Division of Medicaid does not covers a hysterectomy when; all the following are met:

1. It is performed solely for the purpose of rendering a beneficiary permanently incapable of reproducing, or
2. There was more than one (1) purpose to the hysterectomy, it would not have been performed but for the purpose of rendering the beneficiary permanently incapable of reproducing.

- ~~1. The beneficiary has been informed, both orally and in writing, that a hysterectomy will make the beneficiary permanently incapable of reproducing, and~~
- ~~2. The beneficiary and the physician who performs the hysterectomy have completed and signed the appropriate section(s) of the Hysterectomy Acknowledgement Form, prior to the surgery, except as otherwise provided for in Miss. Admin. Code Title 23, Part 202, Rule 5.6.D. [Moved to Miss. Admin. Code Part 202, Rule 5.6.B.]~~

~~D. The beneficiary's signature on the Hysterectomy Acknowledgement Form is not required if:~~

- ~~1. The beneficiary requires a hysterectomy because of a life-threatening emergency situation in which the physician determines that prior acknowledgement is not possible, and~~
- ~~2. The physician certifies in writing on the Hysterectomy Acknowledgement Form that the hysterectomy was performed under a life-threatening emergency situation in which he or she determined prior acknowledgement was not possible and documents a description of the nature of the emergency. [Moved to Miss. Admin. Code Part 202, Rule 5.6.B.]~~

~~E. The Division of Medicaid does not cover a hysterectomy if: [Moved to Miss. Admin. Code Part 202, Rule 5.6.C.]~~

- ~~1. It is performed solely for the purpose of rendering a beneficiary permanently incapable of reproducing, or~~
- ~~2. If there was more than one purpose to the hysterectomy, it would not have been performed but for the purpose of rendering the beneficiary permanently incapable of reproducing.~~

Source: 42 CFR § 441.255, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 12/01/2015; Added Rule 5.6.A., B.1-3, C, D eff. 05/01/2014; Moved from Rule 1.6 and revised eff. 10/01/2013.