



## Hysterectomy Form Instructions

### Part I.

This section is required for all routine hysterectomies. See Part III and IV for a patient who is already sterile, a hysterectomy performed under life-threatening emergency or during a period of retroactive Medicaid eligibility.

- Enter the name of the patient.
- Enter the recipient's 13 digit Medicaid Number.
- Enter the diagnosis description requiring hysterectomy.
- Enter the diagnosis code.
- Enter the name of the representative if the recipient is unable to sign the consent form. If a representative is not used enter N/A in the field.
- Enter name of the physician who will perform the hysterectomy.
- Enter the NPI Number of the physician who will perform the hysterectomy.
- Physician must sign their name and enter the date of signature. Date must be the date of the surgery or a prior date. **If any date after surgery is recorded, the form will be denied.**

### Part II.

This section is required for all routine hysterectomies. See Parts III and IV for a patient who is already sterile, a hysterectomy performed under a life-threatening emergency or during a period of retroactive Medicaid eligibility.

- Enter the name of the patient and the patient's date of birth including the day/month/year.
- Enter the name of representative if the recipient is unable to sign the consent form. If a representative is not used, record N/A in this field.
- Patient must sign and enter the date of signature unless a representative is being used to complete the form. Date must be the date of surgery or a prior date. **If any date after surgery is recorded, the form will be denied.**
- Representative must sign and enter the date of signature if the recipient is unable to sign the consent form. Date must be the date of the surgery or a prior date. **If any date after surgery is recorded, the form will be denied.**

### PART III.

This section is required for all hysterectomies.

- Enter the date of surgery once the surgery has been performed.

**PART IV.**

This section is for use when a hysterectomy was performed on a patient who was already sterile, under a life-threatening emergency in which prior acknowledgement was not possible or during a period of retroactive Medicaid eligibility. Medical records must be submitted for any hysterectomy recorded under this section. In lieu of this form, a properly executed informed consent and medical records may be submitted for these three circumstances.

- Enter name of the patient.
- Enter the recipient's 13 digit Medicaid Number.
- Enter the name of the physician who performed the surgery.
- Check the appropriate box to indicate the specific unusual circumstance.
- Check the appropriate box regarding whether or not the patient was informed she would be permanently incapable of reproducing as a result of the operation.
- Physician must sign their name and enter the date of signature.

**PART V.**

The reviewer at the State completes this section whenever unusual circumstances are identified. HPE will send a copy of the consent form containing the State payment decision to the surgeon following State review.

**SUBMISSION INSTRUCTIONS:**

Effective October 26, 2016, the physician **must** submit this form via Provider Web Portal upload or fax with supporting medical records (Medical History, Operative Records, Discharge Summary and a Hospital Consent Form for Hysterectomy) and claim to HPE.

Refer to Chapter 5 (Filing Claims) for instructions on the digital submission of the Hysterectomy Consent Form and supporting documentation.

**NOTE:** If submitting this form via fax, a barcode fax coversheet is required with each submission and should be included as page one of the fax transmission for the corresponding Record ID.

**Fax form to HPE at: (334) 215-7416.**