



Hysterectomy Information

WellCare reimburses for those hysterectomy procedures outlined in the **Scope of Services** section of the Georgia Medicaid Hospital Services Handbook. .

A copy of the "Patient's Acknowledgement of Prior Receipt of Hysterectomy Information" (DMA-276) is attached. This form must be signed either before or after the hysterectomy, as follows, and must be attached to the claim form submitted to WellCare for payment.

Claims submitted to WellCare for payment without the required documentation or with incomplete or inaccurate documentation will be denied. WellCare does not accept documentation meant to satisfy informed consent requirements which has been completed or altered after the service was performed.

Reference the attachment:

- Section I - Member's Statement

The member or her representative must sign and date this form in the spaces provided unless the member was sterile prior to the hysterectomy or the hysterectomy was an emergency.

- Section II - Physician's Statement

The physician must sign and date this form on all hysterectomies performed. If the member was sterile prior to the hysterectomy, the physician must indicate this condition beside #1 and state the reason for prior sterility. If the hysterectomy was an emergency, the physician must indicate this condition beside #2 and attach the discharge summary and operative record.