



**Update**

**June 2013**

**No. 2013-33**

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Family Planning Clinics, Hospital Providers, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

## **ForwardHealth Will Only Accept the Acknowledgement of Receipt of Hysterectomy Information Form**

Effective on and after August 1, 2013, ForwardHealth will only accept the Acknowledgement of Receipt of Hysterectomy Information form, F-01160 (06/13), with hysterectomy claims. Proprietary hysterectomy acknowledgement forms with signature dates on and after August 1, 2013, will not be accepted and related claims will be denied.

In order to align with federal regulations, clarify existing policy, and promote timely claim processing, effective for member signatures dated on and after August 1, 2013, providers are required to have members sign ForwardHealth's Acknowledgement of Receipt of Hysterectomy Information form, F-01160 (06/13), before or at the time of a covered, non-emergency hysterectomy.

If a member signs a proprietary hysterectomy acknowledgement form prior to August 1, 2013, ForwardHealth will accept that form. Proprietary forms are required to contain all information included on ForwardHealth's form and meet all state and federal notification requirements. On and after August 1, 2013, a member must sign ForwardHealth's Acknowledgement of Receipt of Hysterectomy Information form or ForwardHealth will deny the claim.

Refer to Attachment 1 of this *ForwardHealth Update* for a copy of the Acknowledgement of Receipt of Hysterectomy

Information Completion Instructions, F-01160A (06/13), and Attachment 2 for a copy of the Acknowledgement of Receipt of Hysterectomy Information form. The content of the Acknowledgement of Receipt of Hysterectomy Information form has not changed.

English, Hmong, and Spanish versions of the Acknowledgement of Receipt of Hysterectomy Information completion instructions and forms are available in fillable Portable Document Format (PDF) or fillable Microsoft® Word on the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage).

Providers may upload this form via the Portal for electronically submitted claims or attach it to a paper 1500 Health Insurance Claim Form or UB-04 Claim Form. For additional information about submitting claims and claim attachments, refer to the Submission chapter of the Claims section of the Online Handbook.

### **Exceptions**

Providers are reminded that an Acknowledgement of Receipt of Hysterectomy Information form must be completed prior to a covered, non-emergency hysterectomy, except in the following circumstances:

- A hysterectomy was required as a result of a life-threatening emergency situation.

- The member was already sterile (this includes menopause).
- A hysterectomy was performed during retroactive member eligibility and one of the following circumstances applied:
  - ✓ The member was informed before the surgery that the procedure would make her permanently incapable of reproducing.
  - ✓ The member was already sterile.
  - ✓ The member was in a life-threatening emergency situation that required a hysterectomy.

If any of the above circumstances apply, providers are required to include signed and dated documentation (e.g., a copy of the preoperative history or physical exam or the operative report for surgical procedure) with the claim.

### **Noncovered Services**

Providers are reminded that ForwardHealth does not cover a hysterectomy for uncomplicated fibroids, fallen uterus, retroverted uterus, or sterilization. Additionally, hysterectomies are not covered under Family Planning Only Services.

### **Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# **ATTACHMENT 1**

## **Acknowledgement of Receipt of Hysterectomy Information Completion Instructions**

(A copy of the “Acknowledgement of Receipt of Hysterectomy Information Completion Instructions” form is located on the following page.)

## FORWARDHEALTH ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

### INSTRUCTIONS

The Acknowledgement of Receipt of Hysterectomy Information form, F-01160, is to be completed by a physician before performing the surgery and either uploaded via the ForwardHealth Portal for electronically submitted claims or attached to a paper 1500 Health Insurance Claim Form or UB-04 Claim Form. **The Acknowledgement of Receipt of Hysterectomy Information form, F-01160, is mandatory; use an exact copy. ForwardHealth will not accept alternate versions (i.e., retyped or otherwise reformatted) of the Acknowledgement of Receipt of Hysterectomy Information form, F-01160.**

ForwardHealth reimbursement for a hysterectomy requires the completion of **the Acknowledgement of Receipt of Hysterectomy Information form, F-01160**. **The Acknowledgement of Receipt of Hysterectomy Information form, F-01160**, is not to be used for purposes of consent of sterilization. A member must give voluntary written consent on the federally required Consent for Sterilization form, F-01164, which can be located on the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage).

#### Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS. The name in this element must match the name on the claim.

#### Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. This identification number must match the identification number on the claim.

#### Address — Member

Enter the member's address. Use the EVS to obtain the member's address.

#### Name — Physician

Enter the rendering provider's name.

#### National Provider Identifier

Enter the rendering provider's National Provider Identifier (NPI). This rendering provider NPI must match the rendering provider NPI indicated on the claim.

#### Name — Member

Enter the member's name. The name in this element must match the member's name entered at the top of the form.

#### Signatures — Member, Representative, and Interpreter

**Member** — The member must sign and date this element. (Signing **the Acknowledgement of Receipt of Hysterectomy Information form, F-01160**, does not require the member to undergo the hysterectomy surgery.)

**Representative** — The representative must sign and date this element if a representative was required for the member.

**Interpreter** — An interpreter must sign and date this element if the member does not understand the language used on the form and if an interpreter was used to translate this information.

#### Date Signed

Enter the date the member signs the Acknowledgement of Receipt of Hysterectomy Information form, **F-01160**, in this element. This date must be on or before the date of service on the claim.

# **ATTACHMENT 2**

## **Acknowledgement of Receipt of Hysterectomy Information**

(A copy of the “Acknowledgement of Receipt of Hysterectomy Information” form is located on the following page.)

FORWARDHEALTH  
**ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION**

**Instructions:** Print or type clearly. Before completing this form, refer to the Acknowledgement of Receipt of Hysterectomy Information Completion Instructions, F-01160A.

Name — Member	Member Identification Number
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Address — Member	
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Name — Physician	National Provider Identifier
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It has been explained to \_\_\_\_\_ (me) that the hysterectomy to be  
(Name — Member)  
performed on her (me) will render her (me) permanently incapable of reproducing.

**SIGNATURES** — Member, Representative, and Interpreter

Member	Date Signed
Representative	Date Signed
Interpreter	Date Signed



F-01160