

Sterilization, Hysterectomy and Abortion Benefit and Authorization Update

October 23, 2007

WELLCARE HEALTH PLANS, INC.
THE WELLCARE GROUP OF COMPANIES

Dear Provider,

The purpose of this communication is to provide an update on recent benefit and authorization requirement changes.

Sterilizations (male/female)

Effective October 1, 2007, WellCare will reimburse for sterilizations under the following guidelines:

Benefit

Sterilizations are a payable benefit in the following circumstances:

- The member is at least 21 years of age at the time he or she signs the consent;
- The member is mentally competent;
- The member is not institutionalized in a correctional facility, mental hospital, or other rehabilitation facility.
- Consent was obtained per guidelines published in the Medicaid Provider Policy, section 904.

Authorization

No Prior Authorization is required for sterilization.

Reimbursement

Claims submitted to WellCare **must** include the DMA-69 "Consent for Voluntary Sterilization" form (or the DMA-69A Spanish form). Failure to submit a completed consent form with the claim will result in a denied claim. All documents submitted with the claim will be archived and stored with the claim for future reference.

WELLCARE OF FLORIDA, INC.
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COMPREHENSIVE HEALTH MANAGEMENT, INC.
COMPREHENSIVE REINSURANCE, LTD.

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Hysterectomy

Effective October 1, 2007, WellCare will reimburse for hysterectomy under the following guidelines:

Benefit

A hysterectomy is a payable benefit when performed for medical necessity and not for the purpose of family planning, sterilization, hygiene or mental incompetence.

Authorization

- Prior Authorization is required for the administration of a Hysterectomy to validate medical necessity per Medicaid guidelines.
- The consent form does not need to be submitted with the request for authorization.

Reimbursement

- Claims submitted to WellCare must include the authorization number when obtained per the above guidelines. Failure to obtain prior approval will result in a denied claim, regardless if a member consent was obtained.
- Claims submitted to WellCare must include the **DMA-276 “Patient’s Acknowledgement of Prior Receipt of Hysterectomy Information” form**. Failure to submit a completed consent form with the claim will result in a denied claim. All documents submitted with the claim will be archived and stored with the claim for future reference.
- The member is not required to sign the consent in the cases of prior sterility or emergency hysterectomy.

Abortion

Effective October 1, 2007, WellCare will reimburse for an abortion under the following guidelines:

Benefit

In accordance with federal regulations and the enacted revision to the Hyde Amendment, abortions are a covered benefit if: a) the life of the mother would be endangered if the fetus were carried to term or b) the mother was a victim of rape or incest.

Authorization

- Prior Authorization is required for the administration of an abortion to validate medical necessity per federal regulations.
- The consent form does not need to be submitted with the request for authorization.

Reimbursement

- Claims submitted to WellCare must include the authorization number when obtained per the above guidelines. Failure to obtain the required prior approval will result in a denied claim, regardless if member consent was obtained.
- Claims submitted to WellCare must include the **DMA-311 “Certificate of Necessity for Abortion” form**. Failure to submit a completed consent form with the claim will result in a denied claim. All documents submitted with the claim will be archived and stored with the claim for future reference.

DMA-69, DMA-69A, DMA-276 and DMA-311 forms can be found at www.ghp.georgia.gov, under *Provider Information - Documents and Forms*.

If you require additional information related to authorization requirements or claims payment, please call the WellCare of Georgia Provider Hotline at **(866) 231-1821** or your Provider Relations Representative.

Sincerely,



John Esslinger, MD
Senior Medical Director