HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Beneficiary Full Name: ______________________________ Sponsor's SSN: ______-_____-_______

Date of Birth: ________________ Beneficiary State of Residence: ______________

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

CPT/HCPCS code requested: ____

TRICARE Policy Manual, Chapter 4, Section 17.1 and Chapter 4, Section 5.3 authorizes coverage of hysterectomy when medically necessary and consistent with coverage criteria.
Please note: Hysterectomy is not covered when performed solely for purposes of sterilization and/or hygiene in the absence of pathology.

In order for hysterectomy to be covered, the provider must attest one of the following statements is true:

- ☐ Hysterectomy is medically necessary for the treatment of pathology (cancer, adenomyosis, fibroids, endometriosis, dysfunctional uterine bleeding, etc.)
- ☐ Prophylactic hysterectomy is medically necessary because the beneficiary is about to undergo or is undergoing tamoxifen therapy.
- ☐ Prophylactic hysterectomy is medically necessary because the beneficiary has been diagnosed with hereditary non-polyposis colorectal cancer (HNPCC) or found to be a carrier of HNPCC-associated mutations.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: ____

Physician's printed name and title:____

TIN: ____________________________

Signature: ____ Date: ______________

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

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