

		Reimbursement Policy	
Subject: Sterilization			
Effective Date: 07/13/20	Committee Approval Obtained: 07/13/20	Section: Surgery	
***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthybluel.com .*****			
<p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT[®] codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Healthy Blue Dual Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage strives to minimize these variations.</p> <p>Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.</p>			
Policy	Healthy Blue Dual Advantage allows reimbursement of sterilization procedures performed for the purpose of rendering a member permanently incapable of reproducing unless provider, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate.		

<https://providers.healthybluel.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLACRRP-0091-20 October 2020

514465MUPENMUB

	<p>Healthy Blue Dual Advantage considers reimbursement of sterilization procedures based on the following guideline: The sterilization is a necessary part of the treatment of an illness or injury.</p> <p>An informed consent form does not have to be submitted with claims.</p> <p>A valid consent form has to be properly executed and include all required signatures:</p> <ul style="list-style-type: none"> • Member or member’s authorized representative • Interpreter, if applicable • Person obtaining the member's consent • Physician performing the sterilization procedure <p>If a sterilization procedure is performed in conjunction with a delivery, then multiple surgery guidelines apply (refer to Healthy Blue Dual Advantage Multiple and Bilateral Surgery policy).</p>
History	<ul style="list-style-type: none"> • Biennial review approved and effective 07/13/20 • Initial approval and effective date 01/01/20
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • Healthy Blue contract(s) • American College of Obstetricians and Gynecologists • Code of Federal Regulations (CFR) Subpart F — Sterilizations §441.250-§441.258
Definitions	<ul style="list-style-type: none"> • Sterilization: the process of making a person permanently unable to reproduce. • General Reimbursement Policy Definitions.
Related Policies	<ul style="list-style-type: none"> • Multiple and Bilateral Surgery: Professional and Facility Reimbursement • Hysterectomy
Related Materials	<ul style="list-style-type: none"> • None