

Reimbursement Policy

Subject: **Sterilization**

Policy Number: **G-06163**

Policy Section: **Surgery**

Last Approval Date: **06/29/2022**

Effective Date: **06/29/2022**

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluelo.com>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit 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. 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 both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles.

Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Healthy Blue allows reimbursement of sterilization procedures performed for the purpose of rendering a member permanently incapable of reproducing unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate **and** receipt of a state-approved consent form properly executed per state requirements.

Healthy Blue considers reimbursement of sterilization procedures based on the following guidelines:

- The member has given informed consent by voluntarily signing the applicable consent form:

<https://provider.healthybluelo.com>

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- Not less than 30 and not more than 180 calendar days prior to the procedure. (If more than 180 calendar days prior to the procedure, a new consent form will be required.)
- In the case of premature delivery or emergency abdominal surgery, not less than 72 hours prior to the procedure.

At the time the voluntary informed consent is obtained, the member must be:

- At least 21 years of age.
- Legally and mentally competent.
- Not institutionalized (for example, mental hospital or correctional facility).

Consent for sterilization cannot be obtained while the patient to be sterilized is:

- In labor or childbirth.
- Under the influence of alcohol or other substances that affect the recipient's state of awareness.
- Seeking to obtain or obtaining an abortion.

The applicable *Sterilization Consent Form* must be submitted with claims for professional and/or facility services. If a valid consent form is not received, the claim may be rejected or denied. A **valid** consent form has to be properly executed and include all required signatures:

- Member or member's authorized representative
- Interpreter, if applicable
- Person obtaining the member's consent
- Physician performing the sterilization procedure

If a sterilization procedure is performed in conjunction with a delivery, then multiple surgery guidelines apply.

Related Coding

Standard Correct Coding Applies

Policy History

06/29/2022	Biennial review approved and effective
07/13/2020	Biennial review approved and effective
08/03/2018	Biennial review approved
09/01/2017	Policy template updated effective
06/06/2016	Biennial review approved: Policy template updated
04/14/2014	Review approved: Policy language updated
07/30/2012	Biennial review approved 07/30/12 and effective 04/15/13: Policy template updated
05/03/2010	Review approved 05/03/10 and effective 09/07/10: Policy template updated
12/12/2006	Initial approval effective

References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS

- State Medicaid
- State contract
- American College of Obstetricians and Gynecologists (ACOG)
- Code of Federal Regulations Subpart F — Sterilizations §441.250-§441.258

Definitions

Sterilization	The process of making a person permanently unable to reproduce.
General Reimbursement Policy Definitions	

Related Policies and Materials

Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Hysterectomy