

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.healthybluenc.com>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered by a Healthy Blue member's 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 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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC 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

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applicable fee schedule or contracted/negotiated rate **and** receipt of a state-approved consent form properly executed per state requirements.

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

- The member has given informed consent by voluntarily signing the applicable consent form:
 - 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.
- Is under the influence of alcohol or other agents affecting 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 (refer to the Multiple and Bilateral Surgery policy).

Related Coding

Standard Correct Coding applies

Policy History

06/29/2022	Biennial review approved and effective
07/01/2021	Initial approval and 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

- Department of Health and Human Services, DHB Contract
- American College of Obstetricians and Gynecologists (ACOG)
- Code of Federal Regulations (CFR) 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

Hysterectomy
Multiple and Bilateral Surgery: Professional and Facility Reimbursement

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