

		<b>Reimbursement Policy</b>	
<b>Subject: Sterilization</b>			
Effective Date: <b>07/13/20</b>	Committee Approval Obtained: <b>07/13/20</b>	Section: <b>Surgery</b>	
<p>***** 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 <a href="https://providers.amerigroup.com/DC">https://providers.amerigroup.com/DC</a>. *****</p>			
<p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by an enrollee's Amerigroup, District of Columbia, Inc. benefit plan. The determination that a service, procedure, item, etc. is covered under an enrollee'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 enrollee's District 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup DC may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup DC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup DC strives to minimize these variations.</p> <p>Amerigroup DC 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 this site.</p>			
<b>Policy</b>	<p>Amerigroup DC allows reimbursement of sterilization procedures performed for the purpose of rendering a patient permanently incapable of reproducing unless provider, District, 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 District-approved consent form properly executed per District requirements.</p>		

	<p>Amerigroup DC considers reimbursement of sterilization procedures based on the following guidelines:</p> <ul style="list-style-type: none"> <li>• The enrollee has given informed consent by voluntarily signing the applicable consent form: <ul style="list-style-type: none"> <li>○ 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.)</li> <li>○ In the case of premature delivery or emergency abdominal surgery not less than 72 hours prior to the procedure.</li> </ul> </li> </ul> <p>At the time the voluntary informed consent is obtained, the enrollee must be:</p> <ul style="list-style-type: none"> <li>• At least 21 years of age.</li> <li>• Legally and mentally competent.</li> <li>• Not institutionalized (for example, mental hospital or correctional facility).</li> </ul> <p>Consent for sterilization cannot be obtained while the enrollee to be sterilized is:</p> <ul style="list-style-type: none"> <li>• In labor or childbirth.</li> <li>• Under the influence of alcohol or other agents affecting awareness.</li> <li>• Seeking to obtain or obtaining an abortion.</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• Enrollee or enrollee’s authorized representative</li> <li>• Interpreter, if applicable</li> <li>• Person obtaining the enrollee’s consent</li> <li>• Physician performing the sterilization procedure</li> </ul> <p>If a sterilization procedure is performed in conjunction with a delivery, then multiple surgery guidelines apply. (Refer to the Multiple and Bilateral Surgery policy.)</p>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective <b>07/13/20</b></li> <li>• Biennial review approved <b>08/03/18</b></li> <li>• Initial approval <b>07/19/17</b> and effective <b>10/01/17</b></li> </ul>
	<p>This policy has been developed through consideration of the following:</p>

<b>References and Research Materials</b>	<ul style="list-style-type: none"> <li>• CMS</li> <li>• DC Department of Health Care Finance policies</li> <li>• Amerigroup DC contract with the DC Department of Health Care Finance</li> <li>• American College of Obstetricians and Gynecologists</li> <li>• Code of Federal Regulations, Subpart F — Sterilizations</li> <li>• §441.250-§441.258</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Sterilization:</b> the process of making a person permanently unable to reproduce</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Multiple and Bilateral Surgery: Professional and Facility Reimbursement</li> <li>• Hysterectomy</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>