



		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.amerigroup.com/IA .*****			
<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 a member’s Amerigroup Iowa, Inc. 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 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 may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.</p> <p>Amerigroup 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 this site.</p>			
Policy	<p>Amerigroup 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.</p>		

	<p>Amerigroup considers reimbursement of sterilization procedures based on the following guidelines:</p> <ul style="list-style-type: none"> • The member has given informed consent by voluntarily signing the applicable consent form: <ul style="list-style-type: none"> ○ 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. For premature delivery, documentation must indicate that the expected delivery date was at least 30 days after the informed consent was signed. <p>At the time the voluntary informed consent is obtained, the member must be:</p> <ul style="list-style-type: none"> • At least 21 years of age. • Legally and mentally competent. • Not institutionalized (for example, mental hospital or correctional facility). <p>Consent for sterilization cannot be obtained while the member to be sterilized is:</p> <ul style="list-style-type: none"> • In labor or childbirth. • Under the influence of alcohol or other agents affecting awareness. • Seeking to obtain or obtaining an abortion. <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"> • 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 Amerigroup Multiple and Bilateral Surgery policy).</p>
<p>History</p>	<ul style="list-style-type: none"> • Biennial review approved and effective 07/13/2020 • Biennial review approved 08/03/18 • Biennial review approved 06/06/16 • Initial approval 08/04/15 and effective 04/01/16

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 (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