

<b>Reimbursement Policy</b>	
Subject: <b>Sterilization</b>	
Policy Number: <b>G-06163</b>	Policy Section: <b>Surgery</b>
Last Approval Date: <b>06/29/2022</b>	Effective Date: <b>06/29/2022</b>

\*\*\*\* 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://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. \*\*\*\*

### Disclaimer

These 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 for Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP). 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<sup>®</sup> 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.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Blue Cross NC Medicare 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.  
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Blue Cross NC Medicare Advantage 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**

Blue Cross NC Medicare 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.

Blue Cross NC Medicare 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.

An informed consent form does not have to be submitted with claims.

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 Blue Cross NC Medicare Advantage Multiple and Bilateral Surgery policy).

**Related Coding**

Standard Correct Coding applies
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**Policy History**

06/29/2022	Biennial review approved and effective
01/01/2021	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"> <li>• CMS</li> <li>• State contract</li> <li>• Blue Cross NC Medicare Advantage contract(s)</li> <li>• American College of Obstetricians and Gynecologists</li> <li>• Code of Federal Regulations (CFR) Subpart F — Sterilizations §441.250-§441.258</li> </ul>
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**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