Policy Title: Sterilization

Primary Department: Medical Management

Affiliated Department(s): N/A

Last Revision Date: 04/10/2015

Revision Dates: 08/04/2012; 04/09/2014; 07/23/2014; 04/10/2015

Effective Date: 02/11/2013

Next Review Date: 06/2016


Definitions:

Sterilization: Any medical procedure, treatment, or operation for the purpose of rendering a beneficiary (male or female) permanently incapable of reproducing. Surgical procedures performed solely to treat an injury or pathology is not considered sterilizations under Medicaid’s definition of sterilization, even though the procedure may result in sterilization (e.g., oophorectomy).

Policy: To ensure that corporate authorization processes are consistent in the adjudication of Sterilization procedures.

Procedure: Sterilizations are covered in accordance with Medicaid and 42 CFR 441.253 and 42 CFR 441.254 when all of the following conditions have been met:

1. Recipient is at least 21 years of age;
2. The recipient is not legally declared mentally incompetent at the time informed consent was obtained;
3. Informed consent is obtained on the state specific form;
4. The procedure is performed at least 30 days but no more than 180 days after signing the appropriate consent form(s), with the exception of cases of premature delivery or emergency abdominal surgery as described below; and
5. A recipient may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since he or she gave informed consent for the sterilization and, in the case of premature delivery, if the informed consent was given at least 30 days before the expected date of delivery.
Informed consent may not be obtained while the individual to be sterilized is:
1. In labor or childbirth,
2. Seeking to obtain or obtaining an abortion, or
3. Under the influence of alcohol or other substances that affect the individual’s state of awareness.

**Special Instructions:**

**Medicare/All States:**

1. Nationally Covered Conditions
   - Payment may be made only where sterilization is a necessary part of the treatment of an illness or injury, e.g., removal of a uterus because of a tumor, removal of diseased ovaries.
   - Sterilization of a mentally challenged beneficiary is covered if it is a necessary part of the treatment of an illness or injury (bilateral oophorectomy or bilateral orchidectomy in a case of cancer of the prostate). The Medicare Administrative Contractor denies claims when the pathological evidence of the necessity to perform any such procedures to treat an illness or injury is absent; and
   - Monitor such surgeries closely and obtain the information needed to determine whether in fact the surgery was performed as a means of treating an illness or injury or only to achieve sterilization.

2. Nationally Non-Covered Conditions
   - Elective hysterectomy, tubal ligation, and vasectomy, if the primary indication for these procedures is sterilization;
   - A sterilization that is performed because a physician believes another pregnancy would endanger the overall general health of the woman is not considered to be reasonable and necessary for the diagnosis or treatment of illness or injury within the meaning of §1862(a)(1) of the Social Security Act. The same conclusion would apply where sterilization is performed only as a measure to prevent the possible development of, or effect on, a mental condition should the individual become pregnant; and sterilization of a mentally retarded person where the purpose is to prevent conception, rather than the treatment of an illness or injury.

**Medicaid/Michigan:**

1. Physicians are responsible for obtaining the signed Consent for Sterilization (MSA-1959) 30 days prior to surgery.

**Medicaid/Illinois:**

1. Written consent to perform sterilization must be obtained on the HFS 2189 (HFS 2189 Spanish) form; and
2. All appropriate sections of the form are to be completed.

**Medicaid/Iowa:** Sterilization shall be performed as the result of a voluntary request for the services made by the person on whom the sterilization is performed. The person’s consent for sterilization shall be documented on:

1. Form 470-0835 or 470-0835(S), Consent Form; or
2. An official sterilization consent form from another state’s Medicaid program that contains all information found on the Iowa form and complies with all applicable federal regulations.

**CPT/HCPCS Codes:**

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>22551, 22552, 22845, 22846, 22847, 20930, 20931, 20936, 20937, 20938, 22856, 22558, 22585, 22840, 22842, 22843, 22844, 22612, 22614, 22630, 22632, 63005, 63012, 63030, 63035, 63042, 63044, 63047, 63048, 22633, 22634, 22520, 22521, 22522, 22523, 22524, 22525</td>
</tr>
</tbody>
</table>

Medical Management
Policy: F.20
Page 2 of 3
References:
2. MDCH Medicaid Provider Manual, Family Planning Clinics, Sec. 4, p. 5 (Version Date: July 1, 2015)

<table>
<thead>
<tr>
<th>State Letters/Bulletins</th>
<th>CMS National/Local Coverage Determination (NCD/LCD)</th>
<th>Medicare Managed Care Manual:</th>
<th>Medicaid CFR:</th>
<th>State Administrative Codes:</th>
<th>Contract Requirements:</th>
<th>Related Policies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCD 230.3</td>
<td>Sterilization (v.1)</td>
<td>§1862(a)(1)</td>
<td>42 CFR 441 (F)</td>
<td>IAC-HS (441) 78 (04/2012)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>