

		Reimbursement Policy
Subject: Sterilization		
Effective Date: 10/01/17	Committee Approval Obtained: 08/03/18	Section: Surgery
<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 https://providers.amerigroup.com/DC. *****</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 a member's Amerigroup District of Columbia, 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 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 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 These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements.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 strives to minimize these variations.</p> <p>Amerigroup 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>		
Policy	<p>Amerigroup allows reimbursement of sterilization procedures performed for the purpose of rendering a member 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 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 thirty (30) and not more than one hundred eighty (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 seventy two (72) hours prior to the procedure. <p>At the time the voluntary informed consent is obtained, the member must be:</p> <ul style="list-style-type: none"> • At least twenty one (21) years of age. • Legally and mentally competent. • Not institutionalized (e.g., mental hospital or correctional facility). <p>Consent for sterilization cannot be obtained while the patient 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 the Multiple and Bilateral Surgery policy.)</p>
History	<ul style="list-style-type: none"> • Biennial review approved 08/03/18 • Initial approval 07/19/17 and effective 10/01/17
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • DC Department of Health Care Finance policies • Amerigroup contract with the DC Department of Health Care Finance • American College of Obstetricians and Gynecologists

	<ul style="list-style-type: none"> Code of Federal Regulations, 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
Related Materials	<ul style="list-style-type: none"> None