

Sterilization

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport Health Plan reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy

Passport by Molina Healthcare allows reimbursement of sterilization procedures performed to render a member incapable of reproducing.

Passport by Molina Healthcare will consider reimbursement of sterilization procedures if following guidelines are met:

- The applicable consent form is signed by the member giving informed consent
- Member is at least 21 years of age at time of signing consent form
- Member is legally and mentally competent
- Member is not institutionalized or in a correctional facility.
- Consent form is signed not less than 30 and not more than 180 calendar days prior to the procedure

Consent cannot be obtained while the patient is in labor, under the influence of alcohol or other agents affecting awareness, or while seeking to obtain an abortion.

The Sterilization Consent form must be submitted with claim(s) and be properly executed and include all required signatures including member and physician performing the sterilization. If not received, the claim may be rejected or denied.

Reversal of Sterilization is NOT COVERED.

Reimbursement

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 and the receipt of the state approved concept form.

If sterilization is performed in combination with a delivery, then multiple surgery guidelines will apply.

Reference

1. Provider Billing Instructions- Family planning
 - a. [KYHealth-Net \(kymm.com\)](http://KYHealth-Net(kymm.com))
2. Code of Federal Regulations (CFR) Subpart F — Sterilizations §441.250-§441.258
 - a. eCFR :: 42 CFR Part 441 Subpart F -- Sterilizations
3. Consent form
 - a. <https://www.chfs.ky.gov/agencies/dms/MAPForms/consentforsterilizationenglish.pdf>

Supplemental Information

Definitions

Term	Definition
Sterilization	Any medical procedure to make a person permanently unable to reproduce.

Documentation History

Type	Date	Action
Effective Date	01/01/2021	New Policy
Revised Date		