

Payment Policy 86

Sterilization

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's 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 a conflict, federal and state guidelines, as applicable, and the member's benefit plan document may 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 Overview

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:

- 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
- A 72-hour waiting period applies in cases of premature delivery and emergency abdominal surgery

If sterilization is performed in conjunction with another surgical procedure and the guidelines for the sterilization have not been met, only the covered non-sterilization procedure will be reimbursed.

Reversal of sterilization and hysterectomy for the purpose of sterilization are NOT COVERED.

Consent

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 signed by:

- Individual to be sterilized
- Interpreter, if applicable
- Individual who obtained the consent
- Physician who performed the sterilization

The Sterilization Consent Form must be completed entirely, submitted with claim(s), and include all required signatures. If not received, the claim may be rejected or denied.

Reimbursement Guidelines

Reimbursement is based on the applicable fee schedule, contracted/negotiated rate and receipt of a state-approved consent form properly executed per state requirements. If the consent form is not received, the claim may be rejected or denied.

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

Audit and Recovery Process:

- **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
- **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
- **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

Policy Monitoring, Review, and Updates:

- The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

Supplemental Information

Please note, Passport has followed and enforced these guidelines, in accordance with applicable regulations, since inception on January 1, 2021. For this specific policy, the publication date is merely the date the policy was formally memorialized.

Definitions

| Term | Definition |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMS | The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. |
| Hysterectomy | A medical procedure or operation for the purpose of removing the uterus. |
| Institutionalized | <ol style="list-style-type: none"> Involuntarily confined or detained in a correctional or rehabilitative facility, including a medical hospital or other facility for the care and treatment of a mental illness. Confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness. |
| Mentally Incompetent Individual | An individual who has been declared mentally incompetent by a federal, state, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for the purposes which include ability to consent to sterilization. |
| Sterilization | Any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing. |

Documentation History

| Type | Date | Action |
|----------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date | 01/01/2021 | |
| Revised Date | 07/30/2024 | Yearly review. Updated consent content to include signatures required. Added 72-hour rule for emergent abdominal surgery and premature delivery, added references, added definitions. |

References

1. Code of Federal Regulations (CFR) Subpart F - Sterilizations §441.250-§441.258
Link: [eCFR: 42 CFR Part 441 Subpart F - Sterilizations](#)
2. Kentucky Medicaid
 - a. 907 Chapter 1 Regulation 008 - Ambulatory Surgical Center Services and Reimbursement
Link: [Title 907 Chapter 1 Regulation 008 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 - b. KRS - Kentucky Revised Statutes - Chapter 212 - Nontherapeutic Sterilization
Link: [Kentucky Revised Statutes - Chapter 212](#)
 - c. 907 Chapter 3 Regulation 010 - Reimbursement for Physicians' Services -Section 11
Link: [Title 907 Chapter 3 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission](#)
3. KYMMIS - Provider Billing Instructions - Provider Services
Link: [Provider Billing Instructions \(kymmis.com\)](#)
4. Passport by Molina Healthcare Provider Manual
Link: [PROVIDER MANUAL \(Provider Handbook\) \(molinahealthcare.com\)](#)
5. Sterilization Consent Form
Link: [Consent for Sterilization: Form HHS-687 \(ky.gov\)](#)

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.