

STERILIZATION FOR MEDICAID MEMBERS

Effective Date: May 5, 2015

Review Dates: 1/05, 12/05, 12/06, 12/07, 12/08, 12/09,
12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17, 2/18, 2/19

Date Of Origin: January 19, 2005

Status: Current

I. POLICY/CRITERIA

- A. Voluntary sterilizations (i.e. tubal ligations, tubal occlusions, and vasectomies) are covered procedures. Vasectomies will only be covered if performed in a physician's office, or when in connection with other covered inpatient or outpatient surgery. Voluntary sterilizations are reimbursed by Priority Health Medicaid only if:
1. The member is at least 21 years of age at time of the informed consent is signed.
 2. The member is not legally declared to be mentally incompetent.
 3. The member is not institutionalized in a corrective, penal, or mental rehabilitation facility.
 4. Informed consent is obtained.
 5. Informed consent must accompany the claim when sent to Priority Health.
 6. Informed consent is not obtained while the beneficiary is in labor or childbirth; seeking to obtain or obtaining an abortion; or under the influence of alcohol or other substances that affect the member's state of awareness.
 7. Informed consent must be obtained not less than 30 days or more then 180 days prior to the sterilization.
 8. In cases of premature delivery, informed consent must have been given at least 30 days before the expected delivery date. The consent form must indicate the expected date of delivery.
- B. The only exception is in the case of premature delivery or emergency abdominal surgery. If the premature delivery or emergency abdominal surgery occurred before the 30-day waiting period is over, at least 72 hours must have passed between the time of obtaining the informed consent and the sterilization procedure.
1. In the cases of abdominal surgery, the emergency nature of the surgery must be clearly identified (e.g. diagnosis, physician's statement, or hospital summary). The nature of the emergency must be included on the consent form.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

This policy applies to Medicaid/Healthy Michigan Plan members only. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION:

Priority Health Medicaid provides coverage for sterilization when it meets the State of Michigan criteria for those services. A sterilization procedure is defined as any medical procedure, treatment, or operation for the sole purpose of rendering an individual (male or female) permanently incapable of reproducing. Surgical procedures performed solely to treat an injury or pathology are not considered sterilizations under Medicaid's definition of sterilization, even though the procedure may result in sterilization (e.g. oophorectomy). The physician is responsible for obtaining the signed Informed Consent for Sterilization from the member.

V. CODING INFORMATION

ICD-10 Codes that support medical necessity:

Z30.2 Encounter for sterilization
Z98.51 Tubal ligation status

CPT/HCPCS Codes

58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery

- 58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
- 58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
- 58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
- 58615 Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach

- 58670 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
- 58671 Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)

- 55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)

VI. REFERENCES

AMA CPT Copyright Statement:

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This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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