



Sterilization Policy, Professional & Facility, Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using both UB-04 and CMS1500 Health Insurance Claim Forms or its electronic equivalent or its successor forms. This policy applies to all products and all network and non-network facilities and other qualified health care professionals.

Policy

Overview

***Sterilization** services include any medical procedures performed to render a person permanently incapable of reproduction.*

UnitedHealthcare reimburses providers for sterilization services when all requirements of 42 CFR §441.250 - 441.259 are met:

The individual is at least 21 years old at the time consent is obtained.

(b) The individual is not a mentally incompetent individual.

(c) The individual has voluntarily given informed consent in accordance with all the requirements prescribed in §§ 441.257 and 441.258; and

(d) At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual 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. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

Claims submitted without an accurately executed, valid consent form will be denied.

Exception: with the permission of the Louisiana Department of Health (LDH), UnitedHealthcare allows hospitals and ancillary providers to submit sterilization claims without the consent form. If the surgeons claim is already on file with the appropriately executed consent form, we apply that copy to the hospital and/or ancillary claims.

Sterilization Consent Forms:

- English: Consent for Sterilization: Form HHS-687
- Spanish: CONSENTIMIENTO PARA LA ESTERILIZACIÓN (hhs.gov)

Hysterectomies

Hysterectomies are not covered for the sole purpose of terminating the ability to reproduce. For this reason, a different form is required for Hysterectomies that confirms the procedure was medically necessary. Claims for hysterectomies do not require the above consent form, and instead must be accompanied by the Hysterectomy form: Microsoft Word - BHSF Form 96-A Acknowledgment of Receipt of Hysterectomy Information, Revised 02 2020 (lamedicaid.com)

The same claim processing rules apply – the accurately executed form must be submitted with the claim, or the surgeon's claim must be on file as paid with the hysterectomy form attached.

Additional instructions about completing the form are included on the Hysterectomy Consent Form.

Resources

42 CFR §441.250 - 441.259
Louisiana Department of Health (LDH) Health Plan Advisory 20-11
Louisiana Medicaid Professional Services Manual
Hospital Services Provider Manual

History

11/30/2021 Draft Policy to LDH for Act 319 45-day posting requirement prior to policy activation