

Department:	Medical Management	Original Approval:	01/26/2011
Policy No:	MM143	Last Approval:	06/24/2025
Policy Title:	Sterilization Clinical Coverage Criteria		
Approved By:	UM Medical Subcommittee		
Applicable Line(s) of Business:	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Apple Health Expansion <input checked="" type="checkbox"/> Medicare Advantage/Special Needs Plan <input type="checkbox"/> Medicare Advantage Only <input checked="" type="checkbox"/> Cascade Select		

This policy applies to Community Health Plan of Washington (CHPW) Apple Health (AH), and Individual & Family (Cascade Select) members.

Required Clinical Documentation for Review

1. History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. All previous treatments for the problem, including dates and the patient's response to the treatment
3. Imaging studies and lab values if pertinent
4. Specifics about the device to be used (if the use of a device is proposed).
5. Informed consent from the member dated at least 30 days and not more than 180 days from the date of the procedure.
6. Details of any specific needs related to risk, trauma, or cultural concerns, specifically to address health equity concerns.

Background

Hysteroscopic tubal sterilization is no longer available as of 09/2020 and has been removed from the policy.

Definitions

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a member permanently incapable of reproducing. Options for sterilization include for males:

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

vasectomy; for females: tubal ligation. Hysterectomies also result in sterilization but are not covered if performed solely for this purpose [WAC 182-531-1550](#).

Indications/Criteria

For CHPW Medicare D-SNP members:

When a member's coverage is Medicare D-SNP, Medicare is primary and the member also has Apple Health (Medicaid) coverage as secondary. Since sterilization procedures are not covered under Medicare, the coverage is under Apple Health, which does cover sterilization procedures. The same criteria for Apple Health Members apply (below).

For CHPW AH Members:

CHPW covers sterilization procedures for members 21 years and older. Members younger than 21 have access to fee for service coverage from the Health Care Authority but not through CHPW.

UM Process when a request for services covered by the HCA on a Fee-For-Service basis is received for a CHPW AH Member:

1. Validate the request;
2. Contact the requesting provider and inform them that the service is covered under HCA's Fee-For-Service benefit. Have the provider contact HCA.
3. Deny the requested service, and document in the adverse benefit notification that the services could be covered by the HCA as well as the contact information for HCA FFS for the prior authorization of the requested service.
4. Refer to Case Management to assist the member in obtaining needed care.

Sterilization Clinical Coverage Criteria For AH, Individual & Family (Cascade Select) Members, And D-SNP Members:

1. All of the following criteria must be met, per [WAC 182-531-1550](#):
 - a. The member is at least eighteen years of age at the time an agency-approved consent form is signed;
 - b. The member is a mentally competent individual;
 - c. The member has voluntarily given informed consent; and
 - d. The date the member signed the sterilization consent is at least thirty days and not more than one hundred eighty days before the date of the sterilization procedure.
2. The waiting period is least a seventy-two hour rather than the usual thirty-day waiting period for sterilization in either of the following circumstances:

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

- a. At the time of a premature delivery when the member gave consent at least thirty days before the expected date of delivery. (The expected date of delivery must be documented on the consent form.)
- b. For emergency abdominal surgery. (The nature of the emergency must be described on the consent form.)
3. The thirty-day consent waiting period for sterilization is waived when the member requests that sterilization be performed at the time of delivery and completes a sterilization consent form. One of the following circumstances must apply:
 - a. The member became eligible for medical assistance during the last month of pregnancy;
 - b. The member did not obtain medical care until the last month of pregnancy; or
 - c. The member was a substance abuser during pregnancy but is not using alcohol or illegal drugs at the time of delivery.
4. Informed consent is not acceptable if obtained when the member is:
 - a. In labor or childbirth; or
 - b. In the process of seeking to obtain or obtaining an abortion; or
 - c. Under the influence of alcohol or other substances, including pain medications for labor and delivery, that affects the member's state of awareness.
5. Consent requirements that the provider must meet before the agency reimburses sterilization of an institutionalized member or a member with mental incompetence include both of the following:
 - a. A court order, which includes both a statement that the member is to be sterilized, and the name of the member's legal guardian who will be giving consent for the sterilization; and
 - b. A sterilization consent form signed by the legal guardian, sent to the agency at least thirty days before the procedure.
6. Epidural anesthesia in excess of the six-hour limit for deliveries is covered if sterilization procedures are performed in conjunction with or immediately following a delivery.
 - a. For reimbursement, anesthesia time for sterilization is added to the time for the delivery when the two procedures are performed during the same operative session.
 - b. If the sterilization and delivery are performed during different operative sessions, the anesthesia time is calculated separately.
7. Reimbursement for a sterilization procedure is only allowed when the provider submits an approved and complete consent form with the claim for reimbursement.
 - a. The physician must complete and sign the physician statement on the consent form within thirty days of the sterilization procedure.
 - b. Reimbursement is only possible after the procedure is completed.

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Special Considerations

None.

Limitations/Exclusions

Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	
Apple Health	https://www.chpw.org/for-members/benefits-and-coverage-imc/
Individual & Family (Cascade Select)	https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/

List of Appendices

None.

Citations & References

CFR	42 C.F.R. § 441 Subpart F	
WAC	284-43-5150; 284-43-5642	
RCW		
LOB & Contract Citation	<input checked="" type="checkbox"/> WAHIMC <input type="checkbox"/> BHSO <input type="checkbox"/> Wraparound <input checked="" type="checkbox"/> SMAC <input type="checkbox"/> HH	IMC Section 1.191: Medically Necessary Services; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination; IMC Section 16.3: Sterilizations and Hysterectomies; IMC Section 17.4: Excluded and Non-Contracted Services; IMC Section 17.4.3.13: Sterilizations for Enrollees under age 21
	<input checked="" type="checkbox"/> AHE	AHE Section 1.151: Medically Necessary Services; AHE Section 11.1: Utilization Management General Requirements; AHE Section 11.3: Medical

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

		Necessity Determination; AHE Section 16.3: Sterilizations and Hysterectomies; AHE Section 17.4: Excluded and Non-Contracted Services; AHE Section 17.4.3.13: Sterilizations for Enrollees under age 21
	<input type="checkbox"/> MA/DSNP	
	<input checked="" type="checkbox"/> CS	P&P supports all LOB requirements
Other Requirements		
NCQA Elements		
References		

Revision History

Revision Date	Revision Description	Revision Made By
01/19/2011	Original draft	Lucy Sutphen, MD, FACP
01/26/2011	Approval	MMLT
12/14/2011	Approval	MMLT
11/28/2012	Approval	MMLT
04/08/2014	Added details of and links to requirements under WA Apple Health. Removed restrictions that might limit member choice of provider for Medicare Advantage Lines of Business.	MMLT
04/08/2015	Approval	MMLT
04/01/2016	Updated links, references and citations, including addition AH FIMC as separate line of business with its own benefit book	Kate Brostoff MD
04/06/2016	Approval	MMLT
04/10/2017	Updated links, removed references to Adiana which is off the market, corrected name of Essure from Essure micro-implant to Essure System.	LuAnn Chen, MD
04/12/2017	Minor Editing	Cyndi Stilson, RN
04/12/2017	Approval	MMLT
03/26/2018	Moved from UM019	Cindy Bush
03/27/2018	Links checked, Clarification that the criteria for Medicaid coverage of sterilization procedures is from WAC 182-531-1550 and criteria details added to the policy. Clarified that sterilization is not	LuAnn Chen, MD

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

	covered for Medicare members. Changed the title from hysteroscopic sterilization to sterilization and hysteroscopic sterilization.	
04/06/2018	Transferred to new template	Cindy Bush
04/10/2018	Approval	UM Medical Subcommittee
02/24/2019	Specified that Medicare SNP members have same sterilization coverage and criteria as Apple Health Members. Added required documentation.	LuAnn Chen, MD
03/01/2019	Approval	UM Medical Subcommittee
02/12/2020	WAH-IMC and MA Contract Citations updated	LuAnn Chen, MD
09/18/2020	Added CHNW Cascade Select Criteria and Citations. Clarified that Cascade Select does not provide coverage of complications from non-covered services, such as reversals of sterilizations. Removed from title and contents hysteroscopic sterilization, which is no longer available.	LuAnn Chen, M
10/19/2020	Approval	UM Medical Subcommittee
09/10/2021	Clarified role of case management for services covered under FFS AH. Updated citations.	LuAnn Chen, MD
10/01/2021	Approval	UM Medical Subcommittee
08/24/2022	Minor edits and updating citations.	LuAnn Chen, MD
09/12/2022	Approval	UM Medical Subcommittee
08/30/2023	Reviewed with minor edits. Removed references to CHNW. Corrected links. Updated citations.	LuAnn Chen, MD
08/31/2023	Approval	UM Medical Subcommittee
07/03/2024	Corrected LOBs and removed Medicare from policy and clarified D-SNP coverage.	LuAnn Chen, MD
07/10/2024	Approval	UM Criteria Subcommittee
06/09/2025	Updated citations. Added details of any specific needs related to risk, trauma, or cultural concerns, specifically to address health equity concerns.	LuAnn Chen, MD

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

06/24/2025	Approval	UM Criteria Subcommittee
------------	----------	-----------------------------