

## Sterilization (NCD 230.3)

<b>Policy Number</b>	230.3	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	02/12/2014
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### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 reimbursement policies use 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 CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). 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 resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare 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.

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### **Application**

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code

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combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

##### Covered Conditions

- Payment may be made only where sterilization is a necessary part of the treatment of an illness or injury, e.g., removal of a uterus because of a tumor, removal of diseased ovaries (bilateral oophorectomy), or bilateral orchidectomy in a case of cancer of the prostate. Deny claims when the pathological evidence of the necessity to perform any such procedures to treat an illness or injury is absent; and
- Sterilization of a mentally retarded beneficiary is covered if it is a necessary part of the treatment of an illness or injury.
- Monitor such surgeries closely and obtain the information needed to determine whether in fact the surgery was performed as a means of treating an illness or injury or only to achieve sterilization.

##### Noncovered Conditions

- Elective hysterectomy, tubal ligation, and vasectomy, if the stated reason for these procedures is sterilization;
- A sterilization that is performed because a physician believes another pregnancy would endanger the overall general health of the woman is not considered to be reasonable and necessary for the diagnosis or treatment of illness or injury within the meaning of §1862(a) (1) of the Act. The same conclusion would apply where the sterilization is performed only as a measure to prevent the possible development of, or effect on, a mental condition should the individual become pregnant; and
- Sterilization of a mentally retarded person where the purpose is to prevent conception, rather than the treatment of an illness or injury.

The Evidence of Coverage (EOC) contains specific language excluding sterilization procedures from coverage.

#### CPT/HCPCS Codes

Code	Description
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
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)

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58615	Occlusion of fallopian tube(s) by device (eg, 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 (eg, band, clip, or Falope ring)		
<b>ICP/PCS Codes</b>			
ICP Code	Description	PCS Code	Description
63.70 (CPT 55899 Unlisted procedure, male genital system)	Male sterilization procedure, not otherwise specified (Noncovered Procedure)	0V5N0ZZ	Destruction of Right Vas Deferens, Open Approach
		0V5N3ZZ	Destruction of Right Vas Deferens, Percutaneous Approach
		0V5N4ZZ	Destruction of Right Vas Deferens, Percutaneous Endoscopic Approach
		0V5P0ZZ	Destruction of Left Vas Deferens, Open Approach
		0V5P3ZZ	Destruction of Left Vas Deferens, Percutaneous Approach
		0V5P4ZZ	Destruction of Left Vas Deferens, Percutaneous Endoscopic Approach
		0V5Q0ZZ	Destruction of Bilateral Vas Deferens, Open Approach
		0V5Q3ZZ	Destruction of Bilateral Vas Deferens, Percutaneous Approach
		0V5Q4ZZ	Destruction of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
		0VBNOZZ	Excision of Right Vas Deferens, Open Approach
		0VBN3ZZ	Excision of Right Vas Deferens, Percutaneous Approach
		0VBN4ZZ	Excision of Right Vas Deferens, Percutaneous Endoscopic Approach
		0VBPOZZ	Excision of Left Vas Deferens, Open Approach
		0VBP3ZZ	Excision of Left Vas Deferens, Percutaneous Approach
		0VBP4ZZ	Excision of Left Vas Deferens, Percutaneous Endoscopic Approach
		0VBQ0ZZ	Excision of Bilateral Vas Deferens, Open Approach
		0VBQ3ZZ	Excision of Bilateral Vas Deferens, Percutaneous Approach
		0VBQ4ZZ	Excision of Bilateral Vas Deferens, Percutaneous Endoscopic Approach

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		0VTNOZZ	Resection of Right Vas Deferens, Open Approach
		0VTN4ZZ	Resection of Right Vas Deferens, Percutaneous Endoscopic Approach
		0VTP0ZZ	Resection of Left Vas Deferens, Open Approach
		0VTP4ZZ	Resection of Left Vas Deferens, Percutaneous Endoscopic Approach
		0VTQ0ZZ	Resection of Bilateral Vas Deferens, Open Approach
		0VTQ4ZZ	Resection of Bilateral Vas Deferens, Percutaneous Endoscopic Approach
66.29 (CPT 58565, 58670, 58671)	Other bilateral endoscopic destruction or occlusion of fallopian tubes (Noncovered Procedure)	0U574ZZ	Destruction of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
		0U578ZZ	Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
		OUL74CZ	Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Percutaneous Endoscopic Approach
		OUL74DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Percutaneous Endoscopic Approach
		OUL74ZZ	Occlusion of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach
		OUL78DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		OUL78ZZ	Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic
66.39 (CPT 58615)	Other bilateral destruction or occlusion of fallopian tubes (Noncovered Procedure)	0U570ZZ	Destruction of Bilateral Fallopian Tubes, Open Approach
		0U573ZZ	Destruction of Bilateral Fallopian Tubes, Percutaneous Approach
		0U577ZZ	Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening
		OUL70CZ	Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Open Approach
		OUL70DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Open Approach

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		OUL70ZZ	Occlusion of Bilateral Fallopian Tubes, Open Approach
		OUL73CZ	Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Percutaneous Approach
		OUL73DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Percutaneous Approach
		OUL73ZZ	Occlusion of Bilateral Fallopian Tubes, Percutaneous Approach
		OUL77DZ	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening
		OUL77ZZ	Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening

### References Included (but not limited to):

#### **CMS NCD**

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#### **CMS LCD(s)**

Numerous LCDs

#### **CMS Article(s)**

Numerous Articles

#### **CMS Benefit Policy Manual**

Chapter 15; § 260.2 Ambulatory Surgical Center Services

#### **CMS Claims Processing Manual**

Chapter 14; § 10 General

#### **UnitedHealthcare Medicare Advantage Coverage Summaries**

Family Planning (Birth Control)

Maternity and Newborn Care

### History

Date	Revisions
09/10/2014	<ul style="list-style-type: none"> <li>Removed liability references</li> <li>Administrative updates</li> </ul>
02/12/2014	Administrative updates
03/27/2013	Annual review; MRP Committee approved
03/28/2012	MRP Committee approved