

STERILIZATION (NCD 230.3)

Guideline Number: MPG294.05

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[Terms and Conditions](#) ⓘ

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Related Medicare Advantage Coverage Summaries

- [Family Planning \(Birth Control\)](#)
- [Maternity and Newborn Care](#)

POLICY SUMMARY

See [Purpose](#) ⓘ

Nationally Covered Conditions

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

Nationally Non-Covered Conditions

- Elective tubal ligation, hysterectomy, and vasectomy, if the primary indication 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 Social Security 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 injury or illness.

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

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
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)

CPT Code	Description
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)

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ICD-10 Diagnosis Code	Description
Z30.2	Encounter for sterilization

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

CMS National Coverage Determination (NCD)

[NCD 230.3 Sterilization](#)

CMS Local Coverage Determinations (LCDs)

LCD	Medicare Part A	Medicare Part B
L33392 (Category III CPT® Codes) National Government	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33777 (Noncovered Services) First Coast	FL, PR, VI	FL, PR, VI
L36954 (Noncovered Services other than CPT® Category III Noncovered Services) Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

CMS Articles

Article	Medicare Part A	Medicare Part B
A52960 (Sterilization) Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
A53356 (Sterilization) Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
A56195 (Billing and Coding: Category III CPT® Codes) NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
A56506 (Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services) Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
A57742 (Billing and Coding: National Noncovered Services) First Coast	FL, PR, VI	FL, PR, VI
A57743 (Billing and Coding: Noncovered Services) First Coast	FL, PR, VI	FL, PR, VI

CMS Benefit Policy Manual

[Chapter 15; § 260.2 Ambulatory Surgical Center Services](#)

CMS Claims Processing Manual

[Chapter 14; § 10 General](#)

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
02/12/2020	Applicable Codes <ul style="list-style-type: none">Removed CPT code 55450 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current information

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).