

UPDATED STERILIZATION CODES EFFECTIVE JUNE 1, 2020

Effective June 1, 2020 Aetna Better Health of Pennsylvania will change the way sterilization related CPT and HCPCS codes are reviewed and paid. These codes will no longer be managed through the prior authorization process. They will be managed by submission of the following: A copy of a signed Consent for Sterilization Form at the time of claim submission.

(a) Payment for covered sterilization procedures is made only if:

(1) The individual requesting sterilization has voluntarily given informed consent under subsection (b).

(2) The individual is 21 years old or older at the time informed consent is obtained.

(3) The individual is not a mentally incompetent individual or an institutionalized individual. For the purposes of this chapter, a mentally incompetent individual is a person who has been declared mentally incompetent by a Federal, State or local court of competent jurisdiction for any purpose unless he has been declared competent for purposes which include the ability to consent to sterilization.

(b) An individual requesting sterilization has voluntarily given informed consent only if:

(1) A consent form has been completed correctly in accordance with the instructions in the Provider Handbook and within the time limit specified in subsection (c)(1).

(2) The person obtaining informed consent has explained orally all elements of informed consent that are included in the Consent to Sterilization section of the consent form.

(3) The person obtaining informed consent has advised the individual that a decision not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds and has offered to answer any questions the individual may have concerning the sterilization procedure.

(4) The individual giving informed consent was permitted to have a witness of his choice present when informed consent was given.

(5) The individual was offered a language interpreter, if necessary, or an appropriate interpreter if the individual is blind, deaf or otherwise handicapped.

(6) The requirements of additional State or local laws for obtaining consent have been met.

(c) A consent form is considered to be completed correctly only if:

(1) Except as specified under subsections (d) and (e), at least 30 days, but no more than 180 days, have passed between the date the individual gave written informed consent and the

date of the sterilization procedure. In the case of a sterilization performed during emergency abdominal surgery, 72 hours shall have passed between the time of informed consent and the time of sterilization. In the case of sterilization performed during premature delivery, informed consent shall have been given at least 30 days before the expected date of delivery.

(2) The person obtaining informed consent has properly signed the consent form in accordance with instructions in the Provider Handbook on the same date that informed consent was given.

(3) Another witness or interpreter has properly signed the consent form in accordance with instructions in the Provider Handbook.

(4) The physician performing the sterilization procedure has certified and signed the Physician's Statement section of the consent form after the procedure has been performed.

(d) If a sterilization is performed during emergency abdominal surgery, 72 hours shall have passed between the time of informed consent and the time of sterilization.

(e) If a sterilization is performed during premature delivery, informed consent shall have been given at least 30 days before the expected date of delivery.

Sterilization codes eligible for this process:

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

Hysterectomy codes eligible for this process:

Code	Hysterectomy Code Description
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)

58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58720	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;

For hysterectomy, the member must have a completed Hysterectomy Necessity Form.

Payment is made for a hysterectomy if:

1. The hysterectomy is performed for a valid medical reason other than sterilization.
2. Except as stated otherwise in subparagraphs (i) and (ii) below, the individual and her representative, if any, has been advised orally and in writing, that the hysterectomy will render the individual permanently incapable of reproducing. The individual or her representative, if any, must sign a Patient Acknowledgement Form for Hysterectomy which acknowledges receipt of that information unless one of the following occurs:
 - (i) The individual is already sterile at the time of the hysterectomy and the physician who performs the hysterectomy certifies in writing that the individual was sterile prior to the procedure and states the cause of the sterility. The reasons may include, but are not limited to congenital disorders, a previous sterilization or postmenopausal sterility.
 - (ii) The individual requires a hysterectomy because of a life-threatening emergency situation in which the physician determines that prior acknowledgement is not possible. The physician must include a description of the nature of the emergency, documenting that prior acknowledgement was not possible.

Questions?

If you have any questions about this update, please call Provider Relations at **1-866-638-1232**.