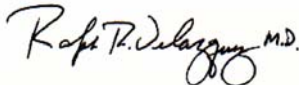




Binder: OSF HealthPlans HCM Department
Policy
No./Title: HCM.CML.017 Sterilization
Author: Edward A. Hirsch, M.D. **Original**
Date: 3/99
Revision/Review
Date(s): 3/01; 6/02; 10/02; 10/03; 10/04; 10/05; 10/06; 10/07
Approval:  **Title:** Vice President and Chief Medical Officer

POLICY: Sterilization is a provisionally covered benefit. OSF Health Plans covers sterilization only where it is necessary to treat an illness or an injury. Documentation in the medical records is essential for coverage.

PURPOSE: To Promote consistency in medical management and define covered conditions for sterilization.

PROCEDURE:

Sterilization Candidate

1. Hysterectomy is provisionally covered if it meets medical management guidelines.
2. Bilateral oophorectomy or bilateral orchiectomy is a provisionally covered benefit if it meets medical management guidelines.
3. Sterilization of a mentally handicapped beneficiary is covered if it is a necessary part of the treatment of an illness or injury.

Restrictions: Non-covered conditions

1. Elective hysterectomy, tubal ligation, and vasectomy, if the stated reason for these procedures is for sterilization.
2. 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 the law. 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.

3. Sterilization of a mentally handicapped person where the purpose is to prevent conception, rather than to the treatment of an illness or injury.

Exemptions:

Certain organizations may have purchased a non-Catholic Family Planning Rider and are not bound to the above limitations.

References:

HCFA Program Manuals & Transmittals
[6-35-11] 35-11 Sterilization