

Medicare Advantage Health Maintenance Organization

Enhanced Benefit Policy



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

U of M – Sterilization

BCN AdvantageSM

- ☒ Group
☐ Individual

Approval Date: 12/29/2025

Effective Date: 01/01/2026

Description

Sterilization refers to any medical procedure, treatment or operation for the sole purpose of rendering an individual permanently incapable of reproducing and not related to the repair of a damaged/dysfunctional body part.

Medicare Coverage

Original Medicare covers sterilization only for the necessary treatment of an injury or illness, such as:

- The removal of a uterus or removal of diseased ovaries (bilateral oophorectomy) because of a tumor.
- Bilateral orchiectomy in the case of prostate cancer.

Policy Guidelines

Blue Care Network (BCN) Advantage is a Medicare Advantage Plan Health Maintenance Organization (HMO), which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCN to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

After searching the Medicare Coverage Database and other sources of conditions of coverage, it was determined that either Original Medicare does not provide coverage or has restrictions that have been modified or removed for the items/services found in this enhanced benefit policy.

Since Original Medicare offers limited coverage for elective sterilizations, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing are determined by BCN Advantage groups that select this benefit.

Sterilization

Sterilization is the method of birth control that permanently prevents pregnancy.

- Sterilization in individuals with vasa deferentia is performed by a vasectomy, where the vas deferens tubes are most often cut and cauterized, to prevent the release of sperm into the semen.
- Sterilization in individuals with a uterus is accomplished by tubal occlusion, in which transit of the egg from the ovary to the uterus is prevented by an interruption in the fallopian tubes. This is performed by removing a section of each tube or by closing off the tubes (clip or band occlusion, or cauterization). Sterilization can also be accomplished by removal of both tubes. Complete removal of the tubes has the advantage to possibly reduce the risk of ovarian cancer. The procedure may be performed via laparoscopy, mini-laparotomy, or at the time of a cesarean delivery.

Inclusionary and exclusionary guidelines (clinically based guidelines that may support individual consideration and prior authorization decisions)

NOTE: Sterilization coverage is based on the member's certificate benefits. These services may not be covered on all certificates.

Inclusions:

- FDA approved contraceptive drugs or devices, prescribed by a qualified health care provider
- Vasectomy performed in the office setting
- Sterilization procedures in individuals with a uterus

Exclusions:

- Contraceptive drugs or devices that are not FDA approved
- Vasectomy in an outpatient facility

The following is applicable for this enhanced benefit policy:

CPT/HCPCS Codes

CPT/HCPCS Code(s):	Code Description:
*A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
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)

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)
58999	Unlisted procedure, female genital system (nonobstetrical)

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

ICD-10 Codes

ICD-10 Code(s):	Code Description:
No restrictions	

ICD-10® codes, descriptions and materials are copyrighted by the World health Organization (WHO).

Conditions for payment

The table below specifies payment conditions for sterilizations.

Conditions for Payment	
Eligible Provider	M.D., D.O., physician assistant, nurse practitioner, registered nurse, clinical specialist
Payable Location	Inpatient hospital, outpatient hospital, office
Frequency Limits	No restrictions
CPT/HCPCS Code Restriction	A4264, 55250, 58565, 58600, 58605, 58611, 58615, 58670, 58671, 58999
Diagnosis Restrictions	No restrictions
Age Restrictions	No restrictions

BCN Advantage Reimbursement

BCN Advantage plan's maximum payment amount for the sterilization benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost share. Where no Medicare rate is available, visit our provider portal, Availity Essentials. Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules

tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- BCN Advantage providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible.
- Providers can only collect the appropriate BCN Advantage cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the non-covered service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from BCN Advantage before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost-share, providers may utilize our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. *Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.*
 2. Use the BCN Advantage unique billing requirements.
 3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
 4. Report your National Provider Identifier number on all claims.
 5. Send your electronic and paper claims to BCN Advantage.
 6. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.
 7. Send paper claims to:

BCN Advantage Claims Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753
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Government Regulations

National:

NDC 230.3 - Sterilization

Local:

Not applicable

(The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services (CMS) are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, please refer to CMS.gov website.)

References

1. *Medicare Benefit Policy Manual*
 - *Not applicable*
 2. *Medicare Claims Processing Manual*
 - *Not applicable*
 3. *Related internal Medical Policy*
 - *Not applicable*
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Important Reminder

Medicare Advantage Enhanced Benefit Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Enhanced Benefit policies are created when permitted by applicable laws, reviewed regularly, and may be revised periodically. BCBSM/BCN Enhanced Benefit Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN's Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN's Medicare Advantage network may be required to submit documentation supporting billed claims, including but not limited to applicable medical records.

Disclaimer: This Enhanced Benefit Policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in this Enhanced Benefit Policy. Enhanced benefit policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The Enhanced Benefit Policy is not intended to replace independent medical judgment for treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

BCN Advantage Policy History

Policy Effective Date	BCN Approval Date	Comments
01/01/2026	12/29/2025	Transitioned to new template. Approval date reflects date approved by Medicare Advantage Medical Director and/or delegated clinician. Removed codes 0567T and 0568T and replaced with 58999 effective 01/01/2025.