Sterilization and hysterectomy consent forms

As an Anthem Blue Cross and Blue Shield (Anthem) contracted provider, we would like to remind you that sterilization and hysterectomy procedures must comply with the federal rules and regulations noted in 42 CFR 441.250-441.259, 405 LAC 5-28-8 and 405 IAC 5-28-9. Information regarding sterilization and hysterectomy and billing procedures can be found in the Indiana Health Coverage Programs (IHCP) Provider Manual, Chapter 8, pages 475-485.

Sterilization

According to 405 IAC 5-28-8, IHCP reimburses for sterilizations when the consent form accompanies all claims connected with sterilization that render men or women unable to reproduce. A sterilization form is not necessary when a provider renders a patient sterile as a result of an illness or injury. The physician must attach a certification to the claim indicating that the sterilization occurred due to an illness or injury and prior acknowledgement was not possible. The provider must also include a description of the nature of the emergency. A properly completed consent form must accompany all claims for nonemergent sterilization.

Hysterectomy

Anthem provides coverage only for a medically necessary hysterectomy performed to treat illness or injury, and only when the member has given informed consent. The provider must have informed the member verbally and in writing that the procedure will render her permanently incapable of reproducing and the member must sign a written acknowledgment of receipt of that information. Anthem does not cover a hysterectomy performed solely to render a member permanently incapable of bearing children, whether performed as a primary or secondary procedure.

Providers are responsible for verifying eligibility and benefits before providing services to Anthem members. Failure to do so may result in denial of request for reimbursement.

Prior authorization

Except for an emergency, failure to obtain prior authorization for services that require prior authorization may result in a denial of request for reimbursement. To request prior authorization, report a medical admission or ask questions regarding prior authorization, contact Anthem’s Utilization Management department at 1-866-408-7187. You may also fax prior authorization requests to 1-866-406-2803.

Anthem’s medical policies and clinical Utilization Management guidelines

To learn more about medical policies and clinical Utilization Management guidelines, visit our website at:

1. www.anthem.com
2. Select Providers near the top of the page
3. Select Indiana from the white drop-down menu click Enter
4. From the blue box on the left Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements click Enter
5. Select Medical Policies and Clinical UM Guidelines (for Local Plan members)

For additional information, call Provider Helpline at 1-866-408-6132 for Hoosier Healthwise, 1-800-345-4344 for Healthy Indiana Plan or 1-844-284-1798 for Hoosier Care Connect.

www.anthem.com