



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Sterilizations

Benefit

Voluntary sterilization (tubal ligations, Essure® and vasectomies) are generally in benefit upon referral by an IPA physician or, in some circumstances, by the HMO.

Interpretation

All outpatient ancillary and physician services directly related to a sterilization procedure and follow-up services for a reasonable period after the surgery are covered as non-capitated services.

If a tubal ligation is performed directly following delivery, charges for the sterilization must be submitted separately from charges of prenatal and postpartum care. (Prenatal and postpartum charges are the financial responsibility of the IPA.)

Reversals of previous voluntary sterilizations are not covered.

Paid by	Professional Charges	HMO
	Facility Charges	HMO
	Outpatient Ancillary Charges	HMO

Coverage Variations

Certain employer groups do not provide any coverage for sterilization. Eligibility for the benefit should be predetermined in all cases.

Benefit coverage and/or exclusions may vary for certain employer groups. To ensure current member benefit determination, please refer to the BCBS Benefit Matrix and/or contact customer service to confirm member coverage.

Medical Service Agreements with IPAs vary. Some IPAs do not refer members for sterilization procedures. Members should be directed to call 312-653-6600 for a referral if their IPA does not provide referrals for sterilization.

Note: All units are charged towards the Utilization Management Fund, as applicable, for those IPAs who contractually are required to refer members for sterilizations.

Note: See related benefit Guidelines on Family Planning, Abortion, and Infertility