
 Sterilizations and Related Procedures

 7309-4.224 Sterilizations and Related Procedures
 (11/01/2001, 00-31F)

4.224.1 Conditions for Coverage

(a) Sterilization of either a male or female beneficiary is covered only when all the following conditions are met:

- (1) The beneficiary has voluntarily given informed consent and has so certified by signing the a consent for sterilization form in accordance with 42 CFR Part 441, Appendix to Subpart F, consent form included in DHEW Publication No. (OS)79-50061 (Female), or (OS)79-50062 (Male), November, 1978 and provided by the Department of Prevention, Assistance, Transition, and Health Access.
- (2) The beneficiary is ~~not~~ mentally ~~in~~competent.
- (3) The beneficiary is at least 21 years old at the time consent is obtained.
- (4) At least 301 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency adnominal surgery.

(A) ~~except in~~ the case of premature delivery or emergency abdominal surgery:

- (i) ~~In those cases~~ At least 72 hours must have passed between the informed consent and the operation; and
- (ii) ~~In the case of premature delivery the consent for sterilization form must have been signed at least 30 days before the expected delivery date.~~

 (b) Sterilization by hysterectomy

- (1) ~~Any other~~ Other than for the purposes described at 4.224.2(b) below, sterilization by hysterectomy is covered ~~only~~ if the beneficiary has been informed as to the nature of the operation and its consequences and has given her consent by signing the Department of Vermont Health Access VHA Hysterectomy Consent Form.

 4.224.14.224.2 Non-Covered Services

- (a) Operations or procedures performed for the purpose of reversing or attempting to reverse the effects of any sterilization procedure are not covered.
- (b) A hysterectomy is not covered if:
 - (1) It was performed solely for the purpose of rendering an individual incapable of reproducing; or
 - (2) ~~If~~ There was more than one purpose to the procedure, and it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing. ~~;~~ ~~or~~