

Consent for Sterilization

Approved by Quality Management Committee: July 15, 2004

Reviewed on: September 11, 2007

The following is a Health Care Quality Improvement policy and procedure BlueShield of Northeastern New York uses to ensure compliance with Consent for Sterilization requirements. Under the terms of your Participating Provider Agreement, compliance with this policy and procedure is necessary and expected.

Policy

This Policy applies to individuals enrolled in Medicaid and Family Health Plus Plans. Participating practitioners must comply with informed consent procedures for hysterectomy and sterilization. For this policy, sterilization means any medical procedure, treatment or operation for the purpose of rendering an individual permanently incapable of having children.

Procedure

Physicians be informed of the requirements for sterilization as specified in 42 Code of Federal Regulations (CFR), Part 441, Subpart F and New York State Code of Rules and Regulations (NYCRR) Title18: Section 505.13-Family Planning.

For details on requirements for obtaining informed sterilization consent [click here](#).