



Network Notification

Notice Date: February 25, 2019
To: Indiana HHW and HIP Providers
From: CareSource®
Subject: Sterilization Consent Form
Effective Date: December 1, 2018

CareSource® is committed to reducing administrative burden for our providers by aligning with state guidance. We will follow Indiana Health Coverage Program (IHCP) state billing policy for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) and require a consent form for sterilization based upon the CPT code.

Previously, CareSource required a consent form based on certain diagnosis codes. Effective for dates of service of Dec 1, 2018 and future, the claims edits have been adjusted to require a consent form based on CPT codes. For dates of service prior to Dec 1, 2018, the consent form is required for diagnosis codes.

To find out which CPT codes require the attachment, please visit the IHCP website and review provider codes within the [Procedure Codes that Require Attachments](#) module.