



STERILIZATION SUPPLEMENT

Provider Guide

July 1, 2014

Washington State
Health Care Authority

About this guide*

This publication takes effect July 1, 2014, and supersedes earlier guides to this program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
Provider qualifications	Changed contact information for providing documentation	New point of contact.

How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency's [Provider Publications](#) website.

Copyright disclosure

Current Procedural Terminology copyright 2013 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

*This publication is a billing instruction.

Table of Contents

Resources Available	ii
Definitions.....	iii
About Sterilization	1
What is sterilization?.....	1
How can I verify a patient’s eligibility?	1
Who may perform sterilizations?.....	2
What are the consent requirements?	3
Who completes the consent forms?	4
Coverage	5
When does the agency pay providers for sterilizations?.....	5
Does the agency pay providers for anesthesia for sterilizations?	5
When are vasectomies covered?	6
When are tubal ligations covered?	7
When are hysteroscopic sterilizations covered?	7
Provider qualifications specific to hysteroscopic sterilizations	9
What drugs are covered?.....	10
When is sterilization covered for clients who are institutionalized or have been found mentally incompetent?	11
What are the exceptions to the usual consent requirements for sterilization?	11
Allowing less than a 30-day waiting period	11
Waiving the 30-day waiting period.....	12
Categorically invalid consent forms	12
Coverage Table.....	13
Billing and Claim Forms	15
Appendices.....	16
Appendix A: Consent form instructions	16
Appendix B: Frequently Asked Questions	20
Appendix C: Consent form	22

Alert! The page numbers in this table of contents are now “clickable”—simply hover over on a page number and click to go directly to the page. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks on the left side of the document. (If you don’t immediately see the bookmarks, right click on the document and select Navigation Pane Buttons. Click on the bookmark icon on the left of the document.)



Resources Available

Topic	Resource
<p>Obtaining information regarding the Family Planning program, including questions about sterilization</p>	<p>Visit the agency's Family Planning website.</p> <p>Visit the Customer Service Center.</p> <p>Contact the Family Planning Program Manager: Family Services Section PO Box 45530 Olympia, WA 98504-5530 Phone: 360-725-1652</p>
<p>Agency-approved Sterilization Consent form (HCA 13-364)</p>	<p>Visit Medicaid Forms.</p>
<p>Obtaining pharmacy information related to sterilization</p>	<p>Visit the agency's Pharmacy Information website.</p>
<p>Additional agency resources</p>	<p>See the agency's online list of Resources Available.</p>
<p>Obtaining agency provider notices and Medicaid provider guides</p>	<p>Go to the agency's Provider Publications website.</p>

Definitions

(WAC 182-532-001)

This section defines select terms used in this guide. Refer to the agency's online [Medical Assistance Glossary](#), the [Family Planning Medicaid Provider Guide](#), and chapter [182-500](#) WAC for additional definitions.

Complication – An unintended, adverse condition occurring subsequent to and directly arising from the family planning services received.

Contraceptive – A device, drug, product, method, or surgical intervention used to prevent pregnancy.

Family Planning Only program – The program providing an additional 10 months of family planning services to eligible women at the end of their pregnancy. This benefit follows the 60-day postpregnancy coverage for women who received medical assistance benefits during the pregnancy. This program's coverage is strictly limited to family planning services.

Family planning services – Medically safe and effective medical care, educational services, and/or contraceptives that enable individuals to plan and space the number of children and avoid unintended pregnancies.

Hysteroscopic sterilization – A newer type of permanent contraception where the physician uses an instrument called a "hysteroscope" to access the Fallopian tubes. The procedure is less invasive than a tubal ligation and does not require the use of general anesthesia.

Hysterosalpingogram – An X-ray of the uterus and Fallopian tubes, using a dye that identifies blockages in the Fallopian tubes confirming successful sterilization.

Informed consent – An individual's consent to a procedure after the provider who obtained a [properly completed consent form](#) has done all of the following:

- Disclosed and discussed the client's diagnosis.
- Offered the client an opportunity to ask questions about the procedure and to request information in writing.
- Given the client a copy of the consent form.
- Communicated effectively using any language interpretation or special communication device necessary per 42 CFR 441.257.
- Given the client oral information about all of the following:
 - ✓ The client's right to not obtain the procedure, including potential risks, benefits, and the consequences of not obtaining the procedure
 - ✓ Alternatives to the procedure including potential risks, benefits, and consequences
 - ✓ The procedure itself, including potential risks, benefits, and consequences

Sterilization Consent form – Unless otherwise specified in this guide, HCA form [13-364](#).

TAKE CHARGE – The agency’s demonstration and research program approved by the federal government under a Medicaid program waiver to provide family planning services.

TAKE CHARGE provider – A family planning provider who has a TAKE CHARGE agreement to provide TAKE CHARGE family planning services to eligible clients under the terms of the federally approved Medicaid waiver for the TAKE CHARGE program and meets the requirements of [WAC 182-532-730](#).

Tubal ligation – A permanent voluntary form of birth control (contraception) in which a woman's Fallopian tubes are surgically cut or blocked off to prevent pregnancy.

Vasectomy – A voluntary surgical procedure performed on males in which the vas deferens (tubes that carry sperm from the testicles to the seminal vesicles) are cut, tied, cauterized (burned or seared) or otherwise interrupted.

About Sterilization

What is sterilization?

(WAC [182-531-1550\(1\)](#))

Sterilization is any medical or surgical procedure intended to render the client permanently incapable of reproducing. This includes vasectomies, tubal ligations, and hysteroscopic sterilizations.

Note: The agency does not pay for hysterectomies performed solely for the purpose of sterilization. There must be medical justification for the hysterectomies. For more information about hysterectomies, see the agency's current [Physician-Related Services/Health Care Professional Services](#).

How can I verify a patient's eligibility?

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the patient's eligibility for Washington Apple Health. For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Health Care Coverage—Program Benefit Packages and Scope of Service Categories](#) web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at:
www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Note: Clients enrolled in an agency-contracted managed care plan can self-refer for sterilization services outside of their plan to any qualified Medicaid provider.

Who may perform sterilizations?

[\(WACs 182-531-1550\(3\)\)](#)

Any Medicaid provider who is licensed to do sterilizations within their scope of practice may provide vasectomies and tubal ligations to any Medicaid client, including TAKE CHARGE clients. For special qualifications for providers who perform hysteroscopic sterilizations, see [Provider qualifications specific to hysteroscopic sterilizations](#).

What are the consent requirements?

([WAC 182-531-1550\(9\)](#))

Federal regulations prohibit payment for sterilization procedures until a federally approved and accurately completed sterilization consent form is received with a claim. For the Medicaid program of Health Care Authority, this is [HCA consent form 13-364](#).

Note: Although the agency-approved consent form is HCA 13-364, in some instances providers send the federal consent form, #HHS-687, attached to a claim, which is also acceptable. However, the information for the consent form in this guide—including specific instructions for accurately completing the form—is specific to HCA 13-364. Incorrectly completed forms will result in denials of payment under federal law.

- To comply with this requirement, the following must obtain a copy of a completed Sterilization Consent form to attach to a claim:
 - ✓ Surgeons
 - ✓ Anesthesiologists
 - ✓ Assistant surgeons
 - ✓ The facility in which the sterilization procedure is being performed
- The physician must complete and sign the physician statement on the consent form within 30 days of the sterilization procedure.
- The agency will deny a claim with an incomplete or improperly completed Sterilization Consent form.
- The agency reimburses attending providers after procedure is completed.
- The agency will deny a claim for a procedure received without the Sterilization Consent form.

Sterilization Supplement

- Providers must submit the claim and [properly completed Sterilization Consent form](#) to the agency:

Health Care Authority
PO Box 45530
Olympia WA 98504-5530

- The agency encourages electronic billing even if the claim requires backup. If you are submitting your sterilization claim electronically, be sure to include a copy of the consent form, as appropriate:
 - ✓ Direct data entry (DDE) claims. Attach an electronic image of the consent form with the claim. If you attach an electronic image of the backup, do not mail a paper form, too.
 - ✓ 837P claims. Be sure to indicate in the claim notes field that a consent form is being attached to the claim. Then, fax the consent form with the appropriate cover sheet indicating the transaction claim number (TCN).

Who completes the consent forms?

- [Sections I, II, and III of the Sterilization Consent form](#), HCA 13-364, are completed by the client, interpreter (if needed), and the physician or clinic representative more than 30 days, but less than 180 days, prior to the date of sterilization.

Note: If less than 30 days, refer to [waiving the 30-day waiting period](#) and/or [section IV of the Sterilization Consent form](#).

- [Section IV](#), the bottom right portion of the Sterilization Consent form, must be completed within 30 days of surgery by the physician who performed the surgery.

Note: See instructions and samples for completing the consent form in the [Appendices](#) of this guide.

Coverage

[\(WAC 182-531-1550\)](#)

When does the agency pay providers for sterilizations?

The agency reimburses all attending providers for the sterilization procedure only when a qualified provider submits an appropriate, completed agency-approved consent form with the claim for reimbursement. The agency reimburses only after the procedure is completed.

Note: For men, the only office visit that can be billed on the same day as Education and Counseling for Risk Reduction (ECRR) in the TAKE CHARGE program is the initial preoperative sterilization visit. TAKE CHARGE offers very limited services to men. For more information about TAKE CHARGE, see the agency's current [Family Planning Medicaid Provider Guide](#).

Does the agency pay providers for anesthesia for sterilizations?

- The agency pays providers for epidural anesthesia in excess of the 6-hour limit for deliveries if sterilization procedures are performed in conjunction with, or immediately following, a delivery.
- For reimbursement, anesthesia time for sterilization is added to the time for the delivery when the two procedures are performed during the same operative session. The agency determines total billable units by:
 - ✓ Adding the time for the sterilization procedure to the time for the delivery.
 - ✓ Determining the total billable units by adding together the delivery base anesthesia units (BAUs), the delivery time, and the sterilization time.
- If the sterilization and delivery are performed during different operative sessions, the anesthesia time is calculated separately.
- For sterilization done during a separate operative session unrelated to a delivery, the time is calculated separately.

When are vasectomies covered?

- The agency covers vasectomies when all of the following apply:
 - ✓ The client has voluntarily given informed consent.
 - ✓ The date the client signed the consent for sterilization is at least 30 days and not more than 180 days before the date of the sterilization procedure. (The count starts the day after a client signs the consent form.)
 - ✓ The client is at least 18 years of age at the time an agency-approved consent form is signed.
 - ✓ The client is a mentally competent individual. (See sterilization covered for of clients who are institutionalized or have been found mentally incompetent.)
 - ✓ The client participates in a [medical assistance program](#) ([WAC 182-501-0060](#)).

Note: The agency pays providers for vasectomies for managed care clients 18 through 20 years of age under the fee-for-service system. All other managed care clients must obtain their sterilization services from their managed care provider.

- The agency pays providers, such as hospitals, anesthesiologists, surgeons, and other attending providers, for a vasectomy procedure only when the completed Sterilization Consent form ([HCA 13-364](#)) is attached to the claim. (See [specific instructions](#) for this form.)
- The agency pays for an office visit with a sterilization diagnosis for the counseling visit required for the signature of the consent form. The agency pays for this visit even if, after the visit, the client chooses not to be sterilized.
- The agency accepts only agency-approved consent forms attached to the claim. (See the [requirements](#) for the agency's Sterilization Consent forms.)
- The agency pays for sperm counts after sterilizations. The claim must have a sterilization diagnosis.
- The agency covers complications resulting from sterilizations on a case-by-case basis. Contact the Family Planning Program Manager (360-725-1652) for issues relating to complications.

When are tubal ligations covered?

- The agency covers tubal ligations when all of the following apply:
 - ✓ The client has voluntarily given informed consent.
 - ✓ The date the client signed the consent for sterilization is at least 30 days and not more than 180 days before the date of the sterilization procedure. (The count starts the day after a client signs the consent form.)
 - ✓ The client is at least 18 years of age at the time an agency-approved consent form is signed.
 - ✓ The client is mentally competent. (See [sterilization for clients who are institutionalized or have been found mentally incompetent.](#))
 - ✓ The client participates in a [medical assistance program \(WAC 182-501-0060\)](#).

Note: The agency pays providers for tubal ligations for managed care clients 18 through 20 years of age under the fee-for-service system. All other managed care clients must obtain their tubal ligations services from their managed care provider.

- The agency pays for an office visit with a sterilization diagnosis for the counseling visit required for the signature of the consent form. The agency pays for this visit even if, after the visit, the client chooses not to be sterilized.
- The agency pays providers, such as, hospitals, anesthesiologists, surgeons, and other attending providers, for a tubal ligations procedure only when the correctly completed Agency-approved consent form is attached to the claim. (See [requirements](#) for this form.)
- The agency covers complications resulting from sterilizations on a case-by-case basis. Contact the Family Planning Program Manager 360-725-1652 for issues relating to complications.

When are hysteroscopic sterilizations covered?

(WAC 182-531-1550(10-12))

- The agency covers hysteroscopic sterilizations when all of the following apply:
 - ✓ The client has voluntarily given informed consent.
 - ✓ The date the client signed the consent for sterilization is at least 30 days and not more than 180 days before the date of the sterilization procedure. (The count starts the day after a client signs the consent form.)

Sterilization Supplement

- ✓ The client is at least 18 years of age at the time an agency-approved consent form is signed.
- ✓ The client is a mentally competent individual. (Also, see sterilization covered for of clients who are institutionalized or have been found mentally incompetent.)
- ✓ The client participates in a [medical assistance program \(WAC 182-501-0060\)](#).
- ✓ The sterilization is performed by an agency-approved provider of hysteroscopic sterilizations. A list of these providers and their practice location can be found at [Medicaid Centers of Excellence](#).
- ✓ An agency-approved device is used.

The agency has only approved the ESSURE® device, which is placed at the time of the procedure.

- ✓ The procedure is performed in a clinical setting, such as a physician's office, without general anesthesia and without the use of a surgical suite; and is covered according to the corresponding agency [fee schedule](#).

If determining that it is medically necessary to perform the procedure in an inpatient rather than outpatient setting, a provider must submit clinical notes with the claim, documenting the medical necessity.

- ✓ The client provides required informed consent for the procedure. (See [requirements](#) for the consent form.)

Note: The agency pays providers for hysteroscopic sterilizations for managed care clients 18 through 20 years of age under the fee-for-service system. All other managed care clients must obtain their hysteroscopic sterilizations services from their managed care provider.

- The agency pays for an office visit with a sterilization diagnosis for the counseling visit required for the signature of the consent form. The agency pays for this visit even if, after the visit, the client chooses not to be sterilized.
- The agency pays providers for a hysteroscopic sterilizations only when the completed agency-approved consent form is attached to the claim. (See the [instructions](#) for the consent form.)
- The agency covers post-ESSURE® sterilization hysterosalpingogram to confirm complete blockage of the Fallopian tubes. Reimbursement is contingent on the client's Medicaid eligibility at the time of service.

- The agency covers complications resulting from sterilizations on a case-by-case basis. Contact the Family Planning Program Manager (360-725-1652) for issues relating to complications.

Note: When a client's Family Planning Only, TAKE CHARGE, or another Medicaid coverage expires after having a hysteroscopic sterilization, the client must apply for other Medicaid benefits, such as TAKE CHARGE or full scope Medicaid, for the agency to pay for a hysterosalpingogram. Therefore, it's important to check the client's eligibility before doing the ESSURE procedure, and again, before doing the hysterosalpingogram .

Provider qualifications specific to hysteroscopic sterilizations

- The hysteroscopic sterilization must be performed by an approved provider who:
 - ✓ Has a core provider agreement with the agency.
 - ✓ Is nationally board certified in obstetrics and gynecology (OB-GYN).
 - ✓ Is privileged to do hysteroscopies at the facility where the hysteroscopy is performed.
 - ✓ Has successfully completed the manufacturer's training for the device.
 - ✓ Has successfully performed a minimum of 20 hysteroscopies.
 - ✓ Has established screening and follow-up protocols for clients being considered for hysteroscopic sterilization.

To become an agency-approved provider for hysteroscopic sterilizations, interested providers must send the agency all of the following:

- Documentation of successful completion of the manufacturer's training
- Documentation demonstrating privilege to perform hysteroscopy at the facility where the hysteroscopy is performed
- Documentation attesting to having successfully performed 20 or more hysteroscopies
- Evidence of valid National Board Certification
- Office protocols for screening and follow-up

Submit documentation to:

Maureen Considine, ARNP
Washington State Health Care Authority
Email: maureen.considine@hca.wa.gov

Once the agency has received all the required information from the provider, it will send an approval letter to the provider and add the provider's name to the approved-provider list. A provider will be able to perform and bill for the procedure only after receiving the agency's approval letter that provides additional billing details, including an EPA number.

The [list](#) of agency-approved hystereoscopic sterilization providers is posted online under the heading [Medicaid - Centers of Excellence](#). Only providers on this list may bill and be paid for hystereoscopic sterilizations.

Note: If there are questions regarding this process, contact the Family Planning Program Manager at 360-725-1652.

What drugs are covered?

The agency covers these drugs when related to sterilization procedures:

Antianxiety Medication – Before Sterilization Procedure

- Diazepam
- Alprazolam

Pain Medication – After Sterilization Procedure

- Acetaminophen with Codeine #3
- Hydrocodone Bit / Acetaminophen
- Oxycodone HCl / Acetaminophen 5/500
- Oxycodone HCl / Acetaminophen

For information on prescribing limits for drugs related to sterilization procedures, see the agency's current [Prescription Drug Program Medicaid Provider Guide](#).

When is sterilization covered for clients who are institutionalized or have been found mentally incompetent?

(WAC [182-531-1550\(7\)](#))

Providers must meet the following additional consent requirements before the agency will pay the provider for sterilizing institutionalized clients or clients who have been found mentally incompetent.

The agency requires the following to be attached to the claim form:

- A court order including both:
 - ✓ A statement that the client is to be sterilized
 - ✓ The name of the client's legal guardian, who will be giving consent for the sterilization
- The agency-approved Sterilization Consent form, [HCA 13-364](#), signed by the client's legal guardian at least 30 days before the procedure

What are the exceptions to the usual consent requirements for sterilization?

Allowing less than a 30-day waiting period

(WAC [182-531-1550\(4\)](#))

In two circumstances, the agency requires a 72-hour consent waiting period rather than the 30-day waiting period for sterilization:

- At the time of premature delivery when the client gave consent at least 30 days before the expected date of delivery. The expected date of delivery must be documented on the consent form. See [instructions for the Sterilization Consent form](#).
- For emergency abdominal surgery. (The nature of the emergency must be described on the consent form.)

Waiving the 30-day waiting period

[\(WAC 182-531-1550\(5\)\)](#)

The agency waives the 30-day waiting period for sterilization when the client requests that sterilization be performed at the time of delivery, and completes the agency's Sterilization Consent form, [HCA 13-364](#).

For the waiver of the 30-day consent waiting period, one of the following circumstances must apply:

- The client became eligible for medical assistance during the last month of pregnancy.

Language required on CMS-1500 Claim Form field 19 and backup documentation: "NOT ELIGIBLE 30 DAYS BEFORE DELIVERY."
- The client did not obtain medical care until the last month of pregnancy.

Language required on CMS-1500 Claim Form field 19 and backup documentation: "NO MEDICAL CARE 30 DAYS BEFORE DELIVERY."
- The client was a substance abuser during pregnancy, but is not alcohol or drug-impaired at the time of delivery.

Language required on CMS-1500 Claim Form field 19 and backup documentation CMS-1500 Claim Form field 19: "NO SUBSTANCE ABUSE AT TIME OF DELIVERY."

Categorically invalid consent forms

[\(WAC 182-531-1550\(6\)\)](#)

The agency considers a client incapable of informed consent when the client is in any of the following conditions:

- In labor or childbirth
- In the process of seeking to obtain or obtaining an abortion
- Under the influence of alcohol or other substances, including pain medications for labor and delivery, that affects the client's state of awareness and ability to give informed consent

Under any of the conditions listed above, the agency will not accept a signed Sterilization Consent form.

Coverage Table

A [properly completed Sterilization Consent form \(HCA 13-364\)](#) must be attached to any claim submitted with any of the following procedure codes.

Note: Due to its licensing agreement with the American Medical Association, the HCA publishes only the official, short CPT® code descriptions. To view the full descriptions, refer to a current CPT book.

HCPCS/ CPT Code	Modifier	Short Description	EPA/PA	Comments
00840	As needed	Anesthesia for intraperitoneal procedures in lower abdomen		
00851	As needed	Anesthesia for intraperitoneal procedure/tubal ligation		
55250		Removal of sperm duct(s)		
55450		Ligation of sperm duct		
Hysteroscopic Sterilization with ESSURE				
58565		Hysteroscopy bi tube occlusion w/ perm implnts	EPA	Must be billed with A4264
A4264		Intratubal occlusion device	EPA	Must be billed with 58565
58340		Catheter for hystero-graphy		Must be billed with a sterilization diagnosis code
74740		Hysterosalpingography RS&I		Must be billed with a sterilization diagnosis code
Laparoscopy				
58600		Division of fallopian tube		
58615		Occlude fallopian tube(s)		For external occlusive devices only, such as

Sterilization Supplement

HCPCS/ CPT Code	Modifier	Short Description	EPA/PA	Comments
				band, clip, or <i>Falope</i> ring.
58670		Laparoscopy, tubal cauterly		
58671		Laparoscopy, tubal block		For external occlusive devices only, such as band, clip, or <i>Falope</i> ring.

Notes: Sterilization procedures and any initial or follow-up visits must be billed with diagnosis code V25.2.

The agency pays for an office visit with a sterilization diagnosis for the counseling visit required for the signature of the consent form. The agency pays for this visit even if, after the visit, the client chooses not to be sterilized.

Evaluation and management are covered when done in conjunction with consultation about sterilization. See the agency's current [Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide](#) for these codes.

Billing and Claim Forms

Providers must follow the billing requirements listed in the agency's [ProviderOne Billing and Resource Guide](#). The guide explains how to complete the CMS-1500 Claim Form.

Appendices

Appendix A: Consent form instructions

- All information on the Sterilization Consent form, [HCA 13-364](#), must be legible.
- The agency only accepts complete Sterilization Consent forms, following form instructions.
- Do not use abbreviations on the form.

The Sterilization Consent form must be completed for all clients. (Race, ethnicity, and the interpreter’s statement are completed as needed for individual clients).

Instructions for the agency’s Sterilization Consent form

(Sample forms follow these instructions.)

Section I: Consent to Sterilization	
Line*	Instructions
1. Doctor, Clinic, or Group:	Must be the full name of the health professional or clinic (medical group) that gave client the federally required information regarding sterilization. This may be different than the performing physician if another physician takes over.
2. Specify Type of Operation or Procedure:	Indicate a <i>single</i> type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, #20. The client may only consent to one type of procedure. Examples: Vasectomy, bilateral tubal ligation, hysteroscopic sterilization—ESSURE®. Abbreviations will not be accepted.
3. Date of Birth:	Must be the client’s birth date.
4. Full Name of Person Being Sterilized:	Must be the client’s printed full name. Must be same name as lines #12 and #18 on this form.
5. Doctor or Clinic or Group:	Can be a physician or ARNP at a specific clinic practice, a clinic name, or a physician or ARNP on call at a specific clinic practice. (This does not have to be the same name signed on line #22.) For example, we will not accept “physician on call.” We will accept “physician on call at (name of clinic/hospital/medical group).”

*The line numbers correspond to those listed on the Sterilization Consent form, [HCA 13-364](#).

Section I: Consent to Sterilization	
6. Specify Type of Operation or Procedure:	<p>Indicate type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, #20.</p> <p><i>Examples: Vasectomy, bilateral tubal ligation, hysteroscopic sterilization — ESSURE®. Abbreviations will not be accepted.</i></p>
7. Client Signature:	<p>Client signature. Must be client’s usual legal signature. Must be signed in ink.</p>
8. Signature Date:	<p>Date of consent. Must be the date that client was initially counseled regarding sterilization.</p> <p>Must be more than 30 days, but less than 180 days, prior to date of sterilization (line #19). Note: This is true even of shorter months such as February.</p> <p>The first day of the 30 day wait period begins the day <i>after</i> the client signs and dates the consent form, line #8.</p> <p style="text-align: center;"><i>Example: If the consent form was signed on 2/2/2011, the client has met the 30-day wait period on 3/5/2011.</i></p> <p>If less than 30 days, see waiving the 30 day waiting period and section IV of this form.</p>

Section II: Interpreter’s Statement	
Line	Instructions
9. Client’s Language:	<p>Must specify language into which sterilization information statement has been translated.</p>
10. Interpreter’s Signature:	<p>Must be interpreter’s original signature in ink.</p>
11. Translation Date:	<p>The date the interpreter translated for the client and the date the client signed must be the same. Must be the same date as lines #8 and #15.</p>

Section III: Statement of Person Obtaining Consent

Line	Instructions
12. Full Name of Person Being Sterilized:	Must be the client's printed full name. Must be the same name as lines #4 and #18 on this form.
13. Specify Type of Operation or Procedure:	Indicate type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, #20. <i>Examples: Vasectomy, bilateral tubal ligation, hysteroscopic sterilization — ESSURE®. Abbreviations will not be accepted.</i>
14. Signature of Person Obtaining Consent:	Must be usual legal signature signed in ink.
15. Signature Date:	Date consent was obtained (must be the same as #8).
16. Facility Where Consent Was Signed:	Must be full name of clinic or physician's office obtaining consent. (No abbreviations will be accepted.)
17. Address Where Consent Was Signed:	Must be physical address of physician's clinic or office where the consent was signed.

Section IV: Physician's Statement

Line	Instructions
18. Full Name of Person Being Sterilized:	Must be the client's printed full name. Must be same name as lines #4 and #12 on this form.
19. Date of Sterilization:	Must be more than 30 days, but less than 180 days, from client's signed consent date listed in line #8. If less than 30 days, see waiving the 30 day waiting period and section IV of this form.
20. Specify Type of Operation or Procedure:	Indicate type of sterilization procedure. Alert: No abbreviations will be accepted. Procedure must the same on lines #2, #6, and #13. <i>Examples: Bilateral tubal ligation, hysteroscopic sterilization —ESSURE® or vasectomy</i>
21. Premature Delivery:	Check if delivery is premature.

Section IV: Physician's Statement	
22. Expected Date of Delivery:	Enter the <i>expected</i> date of delivery. Do not use actual date of delivery.
23. Emergency Abdominal Surgery:	Check if emergency abdominal surgery is required. List diagnoses codes if sterilization was done at the time of emergency abdominal surgery.
24. Physician's Signature:	Physician's or ARNP's signature. Must be physician or ARNP who actually performed sterilization procedure. Must be signed in ink. Name must be the same name as on the claim submitted for payment.
25. Signature Date:	Date of physician's or ARNP's signature. Must be completed shortly after the sterilization procedure.
26. Physician's Printed Name:	Print the physician's or ARNP's name signed on line #24.

Completion of a sterilization consent form for a client ages 18-20

- Use Sterilization Consent form, [HCA 13-364](#).
- Cross out “**age 21**” in the following three places on the form and write in the client’s age:
 - ✓ Section I: Consent to Sterilization: “**I am at least 21...**”
 - ✓ Section III: Statement of Person Obtaining Consent: “**To the best of my knowledge... is at least 21...**”
 - ✓ Section IV: Physician’s Statement: “**To the best of my knowledge... is at least 21...**”

Appendix B: Frequently Asked Questions

- 1. If I provide sterilization services to TAKE CHARGE or Family Planning Only clients along with a secondary surgical intervention, such as lysis of adhesions, will I be paid?**

The scope of coverage for TAKE CHARGE or Family Planning Only clients is limited to contraceptive intervention only. The agency does not pay for any other medical services unless they are medically necessary in order for the client to safely and successfully use, or continue to use, their chosen birth control method.

Only claims submitted with diagnosis codes in the V25 series (excluding V25.3) will be processed for possible payment. All other diagnosis codes are noncovered and will not be paid.

Note: Remember to submit all sterilization claims with the completed approved Sterilization Consent form.

- 2. If I provide sterilization services to a Medicaid, full scope of care client along with a secondary surgical intervention, such as cesarean section delivery, how do I bill?**

Submit the claim for all services provided with a completed, approved Sterilization Consent form for payment.

If the consent form is missing, incomplete, or improperly filled out, sterilization and services related to sterilization on the claim will be denied, although all other covered services on the claim will be processed.

- 3. Do I have to be a TAKE CHARGE Provider to do sterilizations for TAKE CHARGE clients?**

No, any qualified Medicaid provider may perform sterilizations on TAKE CHARGE clients. Any other family services for a TAKE CHARGE client must be performed by a TAKE CHARGE provider.

- 4. Is it possible to submit an inpatient claim for sterilization done in conjunction with other services, such as delivery, with an invalid or incomplete consent form and be paid for both?**

Yes, but in this instance, you will not be paid for the sterilization.

The hospital should submit a claim, indicating that the sterilization diagnosis, procedure, and associated charges are noncovered. The hospital also must attach a consent form with an explanation detailing why the consent requirements were not met. If the hospital

cannot produce evidence that the client gave any kind of consent for the procedure, the entire claim will be denied.

5. What are the top 10 reasons sterilization claims are denied?

- No copy of the consent form is attached.
- There are blank lines on the consent form. (All lines in sections [I, II, and IV](#) must be completed, except line 21, which is required only in certain cases.)
- Lines are not completed correctly on the consent form, or inaccurate information is included rather than what is needed.
- On the consent form, there are fewer than 30 days from the date of the client's signature (line 8) to the date of the sterilization operation (line 19).
- The sterilization date on the consent form (line 19) is not the same as the sterilization date on the claim.
- The physician who signs the consent form (line 24) is not the physician listed on the claim as performing the sterilization procedure.
- The physician's signature is illegible on the consent form and the physician's name is not printed below his or her signature.

(The physician's name must be printed beneath the signature to verify the claim. Use of an old form is creating this problem.)

- The handwriting on the consent form is illegible or the photocopy quality is too poor to read.
- No expected date of delivery is listed with a premature delivery (line 21).
- The client consents to surgical sterilization and a hysteroscopic sterilization on the same consent form (tubal ligation and ESSURE).

Appendix C: Consent form



Form Approved: OMB No. 0937-0166
Expiration date: 12/31/2015

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

• CONSENT TO STERILIZATION •

I have asked for and received information about sterilization from

(1) _____ . When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a

(2) _____ . The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: (3) _____

I, (4) _____, hereby consent of my own free will to be sterilized by (5) _____

by a method called (6) _____ . My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) _____ (8) _____

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

- | | |
|---|--|
| Ethnicity: | Race (mark one or more): |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> White |

• INTERPRETER'S STATEMENT •

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9) _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) _____ (11) _____

• STATEMENT OF PERSON OBTAINING CONSENT •

Before (12) _____ signed the consent form, I explained to him/her the nature of sterilization operation

(13) _____ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) _____ (15) _____

(16) _____

(17) _____

• PHYSICIAN'S STATEMENT •

Shortly before I performed a sterilization operation upon

(18) _____ on (19) _____ I explained to him/her the nature of the sterilization operation

(20) _____ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

(21) Premature delivery (22) Expected date of delivery: _____

(23) Emergency abdominal surgery: _____

(24) _____ (25) _____

(26) _____