

# Washington State Health Care Authority

## Medicaid Provider Guide Supplement

**Sterilization**  
[Refer to WAC 182-531-1550]

**September 1, 2013**



Washington State  
Health Care Authority

**A Billing Instruction**

## About this guide

This is a *supplemental* Medicaid Provider Guide (billing instruction), published by the Health Care Authority (Medicaid agency). Refer to the [Family Planning Medicaid Provider Guide](#) for a complete listing of reproductive health, family planning only, and TAKE CHARGE services.

**Note:** The underlined words and phrases are links in this guide. Some are internal, taking you to a different place within the document, and some are external to the guide, leading you to information on other websites.

## What has changed?

Reason for Change	Effective Date	Subject	Change
User and agency need for increased understanding and accuracy	9-01-13	All	Created a new supplemental Medicaid Provider Guide about sterilization from existing information.*
Changes to WAC 182-531-1550 (See <a href="#">WSR 13-16-008</a> .)  (Provider Notice 13-51)		<a href="#">Providers for sterilization</a>	Clarified which providers may do sterilizations
		<a href="#">Consent form</a>	Updated requirements.
		<a href="#">Coverage</a>	Separated and clarified requirements for vasectomies, tubal ligations, and hysteroscopic sterilization.
		<a href="#">Payment for providers</a>	Updated how the Medicaid agency pays providers for sterilization.
		<a href="#">Frequently asked questions on billing sterilizations</a>	Clarified and updated frequently asked questions.
		<a href="#">Appendices</a>	Clarified the instructions for completing the Sterilization Consent form ( <a href="#">HCA 13-364</a> ) and provided a copy of the revised consent form.

\*The [Family Planning Medicaid Provider Guide](#) and the [Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide](#), both which had information about sterilization, will have links to this sterilization guide. Changes reflect content that is new or revised from both these original publications.

## How can I get agency provider documents?

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

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**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

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Topic	Contact Information
<p>Obtaining information regarding the Family Planning program, including questions about sterilization</p>	<p>Visit the Medicaid agency's <a href="#">Family Planning website</a>.</p> <p>Visit the <a href="#">Customer Service Center</a>.</p> <p>Contact the Family Planning Program Manager                      Family Services Section                      PO Box 45530                      Olympia, WA 98504-5530                      Phone: 1-360-725-1652</p>
<p>Medicaid agency-approved Sterilization Consent form (HCA 13-364)</p>	<p>Visit <a href="#">Medicaid Forms</a>.</p>
<p>Obtaining pharmacy information related to sterilization</p>	<p>Visit the Medicaid agency's <a href="#">Pharmacy Information website</a>.</p>
<p>Additional Medicaid agency resources</p>	<p>See the agency's online list of <a href="#">Resources Available</a>.</p>

# Definitions

[Refer to [WAC 182-532-001](#)]

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Refer to the [Family Planning Medicaid Provider Guide](#) and the Medicaid agency's online [Medical Assistance Glossary](#) for a more complete list of definitions.

**Complication** – A 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.

## Supplemental Medicaid Provider Guide: Sterilization

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

**TAKE CHARGE** – The Medicaid 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

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## What is sterilization?

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

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies, tubal ligations, and hysteroscopic sterilizations.

**Note:** The Medicaid 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 [Physician-Related Services/Health Care Professional Services](#).

## When are clients eligible for sterilizations?

[Refer to WACs [182-531-1550\(2\)](#) and [182-501-0060](#)]

Clients are eligible for sterilization when they are enrolled in one of these medical assistance programs:

- Categorically Needy program, including clients enrolled in agency-contracted managed care
- Medically Needy program
- Medical Care Services (General Assistance), including clients enrolled in agency-contracted managed care
- Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)
- Family Planning Only program
- TAKE CHARGE program

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



## Which providers may do sterilizations?

[Refer to [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 requirements for sterilization consent forms?

[Refer to [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 Medicaid 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 Medicaid agency will deny a claim with an incomplete or improperly completed Sterilization Consent form.
- The Medicaid agency reimburses attending providers after procedure is completed.
- The Medicaid agency will deny a claim for a procedure received without the Sterilization Consent form.

## Supplemental Medicaid Provider Guide: Sterilization

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

**Health Care Authority  
PO Box 45530  
Olympia WA 98504-5530**

- The Medicaid 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:
  - ✓ **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 TCN.

## Who completes sterilization 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/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, is completed within 30 days of the surgery date by the physician who performed the surgery.

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

# Coverage

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[Refer to [WAC 182-531-1550](#)]

## When are vasectomies covered?

- The Medicaid 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.

(Also, see [sterilization covered for of clients who are institutionalized or have mental incompetence](#).)
  - ✓ The client participates in a [medical assistance program](#). (Also, see [WAC 182-501-0060](#)).

**Note:** The Medicaid 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 Medicaid 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 Medicaid 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 Medicaid agency accepts only agency-approved consent forms attached to the claim. (See the [requirements](#) for the agency's Sterilization Consent forms.)
- The Medicaid agency pays for sperm counts after sterilizations. The claim must have a sterilization diagnosis.

## Supplemental Medicaid Provider Guide: Sterilization

- The Medicaid 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 Medicaid 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 a mentally competent individual.  
  
(Also, see [sterilization for clients who are institutionalized or have mental incompetence.](#))
  - ✓ The client participates in a [medical assistance program](#). (Also, see [WAC 182-501-0060](#)).

**Note:** The Medicaid 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 Medicaid 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 Medicaid agency pays providers, such as, hospitals, anesthesiologists, surgeons, and other attending providers, for a tubal ligations procedure **only** when the correctly completed Medicaid agency-approved consent form is attached to the claim. (See [requirements](#) for this form.)
- The Medicaid 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?

[Refer to [WAC 182-531-1550](#)(10), (11), and (12)]

- The Medicaid 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.)

- ✓ 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 mental incompetence](#).)

- ✓ The client participates in a [medical assistance program](#). (Also, see [WAC 182-501-0060](#)).

- ✓ A Medicaid 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 Medicaid 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 Medicaid 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 Medicaid 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.

## Supplemental Medicaid Provider Guide: Sterilization

- The Medicaid 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 Medicaid 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 Medicaid 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 Medicaid 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 is performed by an approved provider who:
  - ✓ Has a core provider agreement with the Medicaid agency.
  - ✓ Is nationally board certified in obstetrics and gynecology (OB-GYN).
  - ✓ Is privileged at a licensed hospital to do hysteroscopies.
  - ✓ Has successfully completed Conceptus, Inc. 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 a Medicaid agency-approved provider for hysteroscopic sterilizations, interested providers must send to Conceptus, Inc. all of the following:

## Supplemental Medicaid Provider Guide: Sterilization

- Documentation of successful completion of the Conceptus, Inc. manufacturer's training.
- Documentation demonstrating privilege at a licensed hospital to perform hysteroscopies.
- Documentation attesting to having successfully performed 20 or more hysteroscopies.
- Evidence of valid National Board Certification.
- Office protocols for screening and follow-up.

Submit or fax documentation to:

Conceptus, Inc  
Email: [WAMDCert@conceptus.com](mailto:WAMDCert@conceptus.com)  
Fax: 650-962-7700

Once Conceptus has received all the required information from the provider, the information is sent to the Medicaid agency, which sends an approval letter to the provider. 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.

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

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

## What drugs related to sterilization procedures are covered?

The Medicaid 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 [Prescription Drug Program Medicaid Provider Guide](#).

## When is sterilization covered for clients who are institutionalized or have mental incompetence?

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

Providers must meet the following additional consent requirements before the Medicaid agency will pay the provider for the sterilization of clients who are institutionalized or have mental incompetence

The Medicaid 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 requirements for sterilization?

### Allowing less than a 30-day waiting period

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

In two circumstances, the Medicaid agency requires at least 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

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

The Medicaid 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 using alcohol or illegal drugs 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."*

## Not accepting a signed sterilization consent form

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

The Medicaid agency does not consider a client capable 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.

HCPCS/ CPT Code	Modifier	Short Description	EPA/PA	Policy/ 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		
<b>Hysteroscopic Sterilization with ESSURE</b>				
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
<b>Laparoscopy</b>				
58600		Division of fallopian tube		
58615		Occlude fallopian tube(s)		For <b>external</b> occlusive devices only, such as band, clip, or <i>Falope</i> ring.
58670		Laparoscopy, tubal cautery		
58671		Laparoscopy, tubal block		For <b>external</b> 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 [Physician-Related Services/Healthcare Professional Services Medicaid Provider Guide](#) for these codes.

# Billing

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## What are the general billing requirements?

Providers must follow the Medicaid agency's [ProviderOne Billing and Resource Guide](#). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments.
- What fee to bill the Medicaid agency for eligible clients.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- Billing for clients eligible for both Medicare and Medicaid.
- Third-party liability.
- Record keeping requirements.

## When does the Medicaid agency pay providers for sterilizations?

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

The Medicaid agency reimburses all attending providers for the sterilization procedure only when a qualified provider submits an appropriate, completed HCA-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 [Family Planning Medicaid Provider Guide](#).

## Does the Medicaid agency pay providers for anesthesia for sterilizations?

[Refer to [WAC 182-531-1550\(8\)](#)]

- The Medicaid 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.

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- 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 Medicaid agency determines total billable units by:
  - ✓ Adding the time for the sterilization procedure to the time for the delivery; and
  - ✓ 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.

## Frequently asked questions about billing sterilizations

### 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 Medicaid 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.

## Supplemental Medicaid Provider Guide: Sterilization

### 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 (from most to least common)?

- 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.)

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- 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).

# 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 fully completed for all clients. (Race, ethnicity, and the interpreter’s statement are completed as needed for individual clients).

### Instructions for the Medicaid agency’s Sterilization Consent form

(Sample forms follow these instructions.)

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

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

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<b>Section I: Consent to Sterilization</b>	
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). <b>Note:</b> 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 <a href="#">waiving the 30 day waiting period</a> and section IV of this form.</p>

<b>Section II: Interpreter’s Statement</b>	
<b>Line</b>	<b>Instructions</b>
9. Client’s Language:	<p>Must specify language into which sterilization information statement has been translated.</p>
10. Interpreter’s Signature:	<p><b>Must be interpreter’s original signature in ink.</b></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>



**Supplemental Medicaid Provider Guide: Sterilization**

**Section III: Statement of Person Obtaining Consent**

<b>Line</b>	<b>Instructions</b>
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**

<b>Line</b>	<b>Instructions</b>
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 <a href="#">waiving the 30 day waiting period</a> 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.

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<b>Section IV: Physician's Statement</b>	
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 <b>actually</b> 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 <b>shortly</b> 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: 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) \_\_\_\_\_

Client Signature Signature Date

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

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (mark one or more):  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  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) \_\_\_\_\_

Interpreter's Signature Translation Date

### • 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) \_\_\_\_\_

Signature of Person Obtaining Consent Date (must be the same date as the client signed)

(16) \_\_\_\_\_

Facility where consent was signed (no abbreviations)

(17) \_\_\_\_\_

Address of facility where consent was signed

### • 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: \_\_\_\_\_

Diagnosis codes

(24) \_\_\_\_\_ (25) \_\_\_\_\_

Physician's Signature Signature Date

(26) \_\_\_\_\_

Physician's Printed Name