

Washington Apple Health (Medicaid)

Sterilization Supplemental Billing Guide

July 1, 2017

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

About this guide*

This publication takes effect July 1, 2017, and supersedes earlier billing guides to this program.

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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.

*This publication is a billing instruction.

What has changed?

Subject	Change	Reason for Change
<u>Client Eligibility</u>	Effective July 1, 2017, not all Apple Health clients will be enrolled in a BHO/FIMC/BHSO Effective July 1, 2017, AI/AN clients living in the FIMC regions have a change to services available	Policy Update

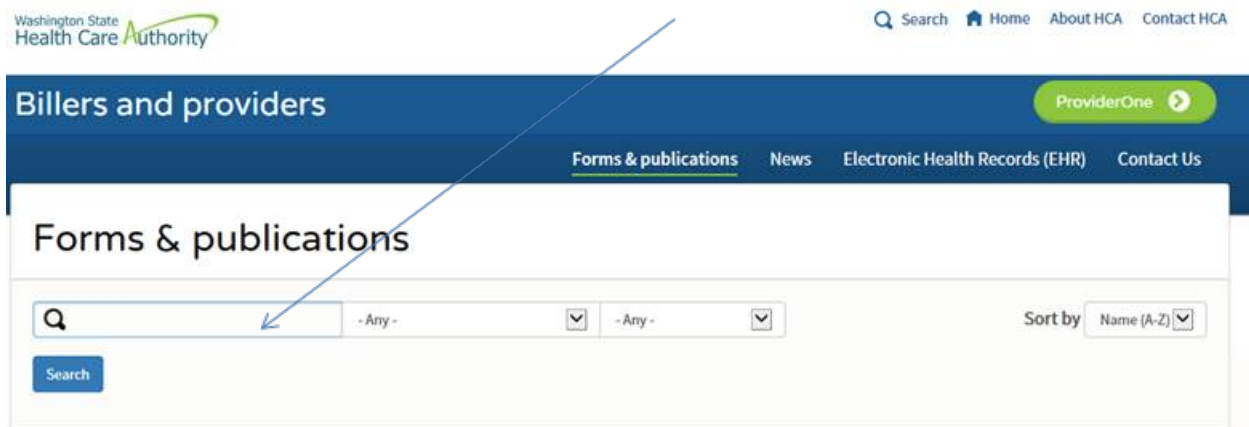
How can I get agency provider documents?

To access provider alerts, go to the agency's [provider alerts](#) web page.

To access provider documents, go to the agency's [provider billing guides and fee schedules](#) web page.

Where can I download agency forms?

To download an agency provider form, go to HCA's Billers and provider's web page, select [Forms & publications](#). Type the HCA form number into the **Search box** as shown below (Example: 13-835).



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Resources Available

Topic	Resource
<p>Obtaining information regarding reproductive health or family planning programs, including questions about sterilization</p>	<p>Visit the agency's Family Planning Billing Guide.</p> <p>Visit the Apple Health Billers and Providers "contact us" web page.</p> <p>Contact the Family Planning Program Manager: Family Services Section PO Box 45530 Olympia, WA 98504-5530 Phone: 360-725-1652 Fax: 360-725-1152 familyplanning@hca.wa.gov</p>
<p>Agency-approved Sterilization Consent form</p>	<p>Visit U.S. Department of Health and Human Services to download English and Spanish versions of HHS-687.</p>
<p>Obtaining pharmacy information related to sterilization</p>	<p>Visit the agency's Pharmacy website.</p>
<p>Additional agency resources</p>	<p>See the Apple Health Billers and Providers web page.</p>
<p>Obtaining agency provider notices and Medicaid billing guides</p>	<p>Go to the agency's Provider Billing Guides and Fee Schedules website.</p>
<p>Billing and Claims</p>	<p>Providers must follow the billing requirements listed in the agency's ProviderOne Billing and Resource Guide.</p>

Table of Contents

How can I get agency provider documents?	4
Where can I download agency forms?	4
Resources Available	5
Definitions.....	8
Client Eligibility	10
How can I verify a patient’s eligibility?	10
Effective July 1, 2017, not all Apple Health clients will be enrolled in a BHO/FIMC/BHSO	11
Effective July 1, 2017, changes to services available to AI/AN clients living in the FIMC regions	11
Effective January 1, 2017, some fee-for-service clients who have other primary health insurance were enrolled into managed care	11
Effective April 1, 2016, important changes to Apple Health	12
New MCO enrollment policy – earlier enrollment	12
How does this policy affect providers?.....	12
Behavioral Health Organization (BHO)	13
Fully Integrated Managed Care (FIMC)	13
Apple Health Core Connections (AHCC).....	14
AHCC complex mental health and substance use disorder services	15
Contact Information for Southwest Washington	15
About Sterilization	16
What is sterilization?.....	16
Who may perform sterilizations?.....	16
What are the consent requirements?	16
Who completes the consent form?	17
Coverage	18
Who is eligible for sterilizations?	18
What does the agency cover for Family Planning Only and TAKE CHARGE clients?	18
Coverage	18
Drugs.....	18
Payment.....	19
Complications	19
When does the agency pay for sterilizations for clients enrolled in managed care plans?	19

Supplemental Billing Guide: Sterilization

When are sterilizations covered?20

Does the agency pay for an office visit related to a sterilization procedure?20

Does the agency pay providers for anesthesia for sterilizations?21

Does the agency pay for sterilizations performed in conjunction with another procedure?.....21

What are the additional coverage requirements for hysteroscopic sterilizations?22

- Performed by agency-approved providers: The sterilization must be performed by an agency-approved provider of hysteroscopic sterilizations. A list of these providers and their practice locations can be found on the Sterilization Supplemental Billing Guide webpage. More information is available in provider qualifications specific to hysteroscopic sterilizations and becoming a provider of hysteroscopic sterilizations. 22
- Agency approved device: An agency-approved device must be used. The agency has approved the ESSURE® device, which is placed at the time of the procedure. 22

Provider qualifications specific to hysteroscopic sterilizations 24

Becoming a hysteroscopic sterilization provider 24

When is sterilization covered for clients who are institutionalized or have been found mentally incompetent?25

What are the exceptions to the usual consent requirements for sterilization?26

- Allowing a 72-hour waiting period..... 26
- Waiving the 30-day waiting period..... 26
- Categorically invalid consent forms 27

Coverage Table.....28

Appendices.....30

- Appendix A: Consent form instructions30
- Appendix B: Consent form34
- Appendix C: The top 10 reasons sterilization claims are denied35

Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [Chapter 182-500 WAC](#) and [WAC 182-532-001](#) for additional definitions.

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

Family Planning Only program – The agency’s program providing an additional 10 months of family planning services to eligible clients at the end of their pregnancy. This benefit follows the 60-day post-pregnancy coverage for clients who received medical assistance benefits during the pregnancy.

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

Hysteroscopic sterilization – A permanent voluntary surgical procedure performed on females in which the Fallopian tubes are blocked with an implant. This procedure is done in a physician’s office using 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 – A person’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 billing guide, federal form [HHS-687](#).

TAKE CHARGE – The agency’s demonstration and research program approved by the federal government under a Medicaid program waiver to provide family planning services to people eligible according to [WAC 182-532-720](#).

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 surgical procedure performed on females in which the Fallopian tubes are clamped off, cut and tied, or cut and cauterized to prevent pregnancy.

Vasectomy – A permanent 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 or otherwise interrupted to prevent pregnancy.

Client Eligibility

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.

To verify eligibility, follow this 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 [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 [Program benefit packages and scope of services](#) web page.

Note: Patients who wish to apply for Washington Apple Health can do so 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.

Effective July 1, 2017, not all Apple Health clients will be enrolled in a BHO/FIMC/BHSO

On July 1, 2017, some Apple Health clients will not be enrolled in a BHO/FIMC/BHSO program. For these clients, SUD services are covered under the fee-for-service (FFS) program.

Effective July 1, 2017, changes to services available to AI/AN clients living in the FIMC regions

Effective July 1, 2017, American Indian/Alaska Native (AI/AN) clients must choose to enroll in one of the managed care plans, either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW) under the FIMC model receiving all physical health services, all levels of mental health services and drug and alcohol treatment coordinated by one managed care plan; or they may choose to receive all these services through Apple Health fee-for-service (FFS). If they do not choose, they will be auto-enrolled into Apple Health FFS for all their health care services.

Effective January 1, 2017, some fee-for-service clients who have other primary health insurance were enrolled into managed care

On January 1, 2017, the agency enrolled some fee-for-service Apple Health clients who have other primary health insurance into an agency-contracted managed care organization (MCO).

This change did not affect all fee-for-service Apple Health clients who have other primary health insurance. The agency continues to cover some clients under the fee-for-service Apple Health program, such as dual-eligible clients whose primary insurance is Medicare.

For additional information, see the agency's [Managed Care](#) web site, under Providers and Billers.

Effective April 1, 2016, important changes to Apple Health

These changes are important to all providers because they may affect who will pay for services.

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service, and Behavioral Health Organization (BHO) information. See the Southwest Washington Provider Fact Sheet on the agency's [Regional Resources](#) web page.

New MCO enrollment policy – earlier enrollment

Beginning April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in fee-for-service while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.

Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in fee-for-service or currently enrolled in an MCO are not affected by this change. Clients in fee-for-service who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs will replace the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of the [Mental Health Services Billing Guide](#). BHOs use the [Access to Care Standards \(ACS\)](#) for mental health conditions and [American Society of Addiction Medicine \(ASAM\)](#) criteria for SUD conditions to determine client's appropriateness for this level of care.

Fully Integrated Managed Care (FIMC)

Clark and Skamania Counties, also known as SW WA region, is the first region in Washington State to implement the FIMC system. This means that physical health services, all levels of mental health services, and drug and alcohol treatment are coordinated through one managed care plan. Neither the RSN nor the BHO will provide behavioral health services in these counties.

Clients must choose to enroll in either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW). If they do not choose, they are auto-enrolled into one of the two plans. Each plan is responsible for providing integrated services that include inpatient and outpatient behavioral health services, including all SUD services, inpatient mental health and all levels of outpatient mental health services, as well as providing its own provider credentialing, prior authorization requirements and billing requirements.

Beacon Health Options provides mental health crisis services to the entire population in Southwest Washington. This includes inpatient mental health services that fall under the Involuntary Treatment Act for individuals who are not eligible for or enrolled in Medicaid, and short-term substance use disorder (SUD) crisis services in the SW WA region. Within their available funding, Beacon has the discretion to provide outpatient or voluntary inpatient mental health services for individuals who are not eligible for Medicaid. Beacon Health Options is also responsible for managing voluntary psychiatric inpatient hospital admissions for non-Medicaid clients.

In the SW WA region some clients are not enrolled in CHPW or Molina for FIMC, but will remain in Apple Health fee-for-service managed by the agency. These clients include:

- Dual eligible – Medicare/Medicaid
- American Indian/Alaska Native (AI/AN)
- Medically needy
- Clients who have met their spenddown
- Noncitizen pregnant women
- Individuals in Institutions for Mental Diseases (IMD)

Supplemental Billing Guide: Sterilization

- Long-term care residents who are currently in fee-for-service
- Clients who have coverage with another carrier

Since there is no BHO (RSN) in these counties, Medicaid fee-for-service clients receive complex behavioral health services through the Behavioral Health Services Only (BHSO) program managed by MHW and CHPW in SW WA region. These clients choose from CHPW or MHW for behavioral health services offered with the BHSO or will be auto-enrolled into one of the two plans. A [BHSO fact sheet](#) is available online.

Apple Health Core Connections (AHCC)

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18th birthday

American Indian/Alaska Native (AI/AN) children will not be auto-enrolled, but may opt into CCW. All other eligible clients will be auto-enrolled.

AHCC complex mental health and substance use disorder services

AHCC clients who live in Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.


AHCC clients who live outside Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO and managed by DSHS.


Contact Information for Southwest Washington

Beginning on April 1, 2016, there will not be an RSN/BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can be located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

 MOLINA HEALTHCARE	Molina Healthcare of Washington, Inc. 1-800-869-7165
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 COMMUNITY HEALTH PLAN of Washington	Community Health Plan of Washington 1-866-418-1009
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Beacon Health Options	Beacon Health Options 1-855-228-6502
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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 (CPT[®] codes 55250 and 55450), tubal ligations (CPT[®] codes 58600, 58605, 58611, 58615, 58670, and 58671), and hysteroscopic sterilizations (CPT[®] code 58565).

Note: Hysterectomy, oophorectomy, salpingectomy, and urological procedures are not sterilization procedures. The agency does not pay for these procedures when performed solely for the purpose of sterilization. These procedures are covered only when medically necessary. A sterilization consent form is not required when these procedures are performed for medical necessity. The client must be informed as part of the surgical consent that the procedure will cause sterility. For more information about these procedures and billing guidelines, see the [Physician-Related Services/Health Care Professional Services Billing Guide](#). Hysterectomies require [form 13-365](#).

Who may perform sterilizations?

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

Any Washington Apple Health (Medicaid) provider who is licensed to do sterilizations within their scope of practice may provide vasectomies, tubal ligations, or hysteroscopic sterilizations to any Washington Apple Health client, including Family Planning Only and 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 (42 CFR Ch. IV, Subpart F, 441.256) prohibit payment for sterilization procedures until a federally approved and accurately completed sterilization consent form is received with a claim. For Washington Apple Health, the consent form is [HHS-687](#). (The agency previously used HCA 13-364.) A [Spanish-language form](#) is also available.

Note: The HCA 13-364 form is discontinued. The federal Consent for Sterilization form [HHS-687](#) must be attached to the claim. Information and instructions for accurately completing the HHS-687 consent form is included in [Appendix A](#). Incorrectly completed forms will result in denials of payment under federal law (42 CFR Ch. IV, Subpart F, 441.256). The agency accepted already completed HCA 13-364 forms through July 15, 2016.

- To comply with this requirement, the following provider types must obtain a copy of a completed [HHS-687](#) consent form to attach to their claim:
 - ✓ Surgeons
 - ✓ Anesthesiologists and certified registered nurse anesthetists
 - ✓ Assistant surgeons
 - ✓ The facility in which the sterilization procedure is being performed
- The surgeon must complete and sign the “physician statement” on the [HHS-687](#) consent form within 30 days of the sterilization procedure.
- The agency reimburses attending providers after the procedure is completed.
- The agency will deny a claim with an incomplete or improperly completed [HHS-687](#) consent form.
- The agency will deny a claim received without the [HHS-687](#) consent form.

Who completes the consent form?

- [Sections I, II, and III of the sterilization consent form](#) are completed by the client, interpreter (if needed), and the physician or clinic representative. Once the sterilization consent form is signed by all parties, the client must undergo the procedure no sooner than the 31st day and no later than the 180th day after the signature date. The day the consent form is signed is considered day one.

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 provider who performed the surgery.

Coverage

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

Who is eligible for sterilizations?

- Washington Apple Health clients who meet the following criteria:
 - ✓ Men ages 18 and over.
 - ✓ Women ages 18-55. For a woman over 55, prior authorization is required. For information on how to submit a prior authorization request, see the [Physician-Related Services/Health Care Professional Services Billing Guide](#).
- Clients enrolled in the Family Planning Only or TAKE CHARGE programs who meet these age requirements.

What does the agency cover for Family Planning Only and TAKE CHARGE clients?

Coverage

The Family Planning Only and TAKE CHARGE programs have limited coverage for family planning services. All services provided to Family Planning Only and TAKE CHARGE clients must have a primary focus and diagnosis of family planning (contraception). Sterilization is a covered service for Family Planning Only and TAKE CHARGE clients.

Drugs

When a client enrolled in the Family Planning Only and TAKE CHARGE programs undergoes sterilization, the agency covers a limited number of prescription anti-anxiety medications before the sterilization, and pain medications after the sterilization. For information on prescribing and billing limits for drugs related to sterilization procedures, see the agency's [Prescription Drug Program Billing Guide](#).

Payment

For clients in the Family Planning Only and TAKE CHARGE programs, the agency does not pay for other medical services unless they are medically necessary for clients to safely and successfully use their chosen birth control method (including sterilization). See the [Family Planning Billing Guide](#) for more details.

For clients in the Family Planning Only and TAKE CHARGE programs, only claims submitted with diagnosis and procedure codes related to family planning and contraception are processed for payment. The agency does not pay for diagnosis and procedure codes that are not related to family planning and contraception under the Family Planning Only and TAKE CHARGE programs. For a list of covered codes, see the [Family Planning Fee Schedule](#).

Other family planning services unrelated to sterilization for a TAKE CHARGE client must be performed by a TAKE CHARGE provider.

Complications

For clients enrolled in the Family Planning Only or TAKE CHARGE programs, the agency covers complications resulting from sterilizations on a case-by-case basis. Contact the agency's [Family Planning Program](#).

When does the agency pay for sterilizations for clients enrolled in managed care plans?

The agency pays for sterilizations for clients age 18 through 20 who are enrolled in an agency-contracted managed care organization (MCO) under fee-for-service. This age group may self-refer to a fee-for-service provider who accepts Medicaid. All other managed care clients age 21 and older must obtain sterilization services from a provider contracted with their agency-contracted MCO.

For information on prescribing, coverage, and billing for drugs related to sterilization procedures when not contracted with an agency-contracted MCO, see the agency's [Prescription Drug Program Billing Guide](#).

When are sterilizations covered?

The agency pays all attending providers for the sterilization procedure only when a qualified provider submits a completed [HHS-687](#) consent form with the claim for reimbursement. The agency pays only after the procedure is completed.

The agency covers sterilizations when all of the following apply:

- The client has voluntarily given informed consent.
- The client undergoes the procedure no sooner than the 31st day and no later than the 180th day after signed consent. The day the consent form is signed is considered day one.
- The client is at least age 18 at the time an agency-approved consent form is signed.
- The client is mentally competent.
- The client participates in a Washington Apple Health program ([WAC 182-501-0060](#)).

Does the agency pay for an office visit related to a sterilization procedure?

Yes. The agency pays for an office visit for the visit that includes counseling associated with sterilization and obtaining the client's signature on the consent form. The agency pays for this visit even if after the visit the client chooses not to be sterilized. See the agency's [Physician-Related Services/Healthcare Professional Services Billing Guide](#) for how to bill for office visits.

For men in the TAKE CHARGE program, the initial preoperative sterilization office visit can be billed on the same day as a family planning preventive visit. TAKE CHARGE offers very limited services for men. For more information about TAKE CHARGE, see the agency's [Family Planning Billing Guide](#).

Does the agency pay providers for anesthesia for sterilizations?

- Yes. The agency pays for anesthesia necessary to perform sterilization. Follow the billing guidelines in the [Physician-Related Service/Health Care Professional Service Billing Guide](#).
- When sterilization is done in conjunction with a delivery, the agency pays as follows:
 - ✓ If the two procedures are performed during the same operative session, anesthesia time for the sterilization is added to the time for the delivery.
 - The agency pays for epidural anesthesia in excess of the six-hour limit when sterilization is performed in conjunction with or immediately following a delivery.
 - ✓ If the sterilization and delivery are performed during different operative sessions, the time for each procedure is calculated separately.

Does the agency pay for sterilizations performed in conjunction with another procedure?

Yes. For all services provided, complete and submit an agency-approved sterilization consent form.

If the consent form is missing, incomplete, or improperly filled out:

- The agency will deny sterilization and services related to sterilization on the claim. All other covered services on the claim will be processed.
- For inpatient claims, the hospital must indicate on the claim all charges that are associated with the sterilization on their own line with the appropriate revenue code as noncovered. The hospital also must provide an explanation detailing why the sterilization consent requirements were not met.
 - ✓ If the hospital can provide evidence to the agency that the client gave consent for the sterilization procedure, the agency will pay the claim. Evidence includes:
 - A hospital surgical consent that is signed by the client and surgeon for the same date of service, and that indicates a sterilization procedure was performed.

- The incomplete sterilization consent form.
- ✓ If the hospital cannot produce evidence that the client gave consent for the sterilization procedure, the agency will deny the portion of the claim related to sterilization.
- The agency will always deny payments for improperly completed sterilization forms. See instructions for proper completion in [Appendix A](#).

What are the additional coverage requirements for hysteroscopic sterilizations?

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

- **Performed by agency-approved providers:** The sterilization must be performed by an agency-approved provider of hysteroscopic sterilizations. A list of these providers and their practice locations can be found on the Sterilization Supplemental Billing Guide [webpage](#). More information is available [in provider qualifications specific to hysteroscopic sterilizations](#) and [becoming a provider of hysteroscopic sterilizations](#).
- **Agency approved device:** An agency-approved device must be used. The agency has approved the ESSURE® device, which is placed at the time of the procedure.
 - ✓ To be paid for the device, the device must appear on the same claim as the procedure, by the provider that supplied the device. If the surgeon supplied the device, the device should be billed on the same claim as the professional service. If a facility supplied the device and includes it on their claim, the agency's reimbursement covers the cost of the device.
- **Performed in outpatient setting:** The procedure is performed in an outpatient clinical setting, such as a physician's office, outpatient hospital, or Ambulatory Surgery Center (ASC) without epidural, spinal, or general anesthesia and without the use of a surgical suite, anesthesiologist, or anesthesiologist. A para-cervical block or IV sedation is bundled in the procedure.
 - ✓ If a provider determines that it is medically necessary to perform the procedure in an inpatient setting or outpatient surgical suite, the provider must submit clinical notes with the claim, documenting the medical necessity.

Supplemental Billing Guide: Sterilization

- **Post-hysteroscopic sterilization:** The agency covers a post-hysteroscopic sterilization hysterosalpingogram to confirm complete blockage of the Fallopian tubes. Payment depends on the client's Medicaid eligibility at the time of service.
 - ✓ When a client's Family Planning Only, TAKE CHARGE, or other Washington Apple Health coverage expires after having a hysteroscopic sterilization, the client must reapply for Washington Apple Health benefits and be eligible, in order 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.
- **Follow-up procedures due to complications:** The agency covers follow-up procedures if a client has complications due to side effects or allergies from the hysteroscopic sterilization or the occlusive device used. The agency does not require another sterilization consent form.
- **Discontinued before procedure:** When the hysteroscopic sterilization must be discontinued prior to completion, the provider may bill for the procedure and receive payment if there is a completed sterilization form submitted with the claim. The agency will also pay for the back-up procedure. A separate completed sterilization consent form must be submitted with the claim for the second procedure, indicating the type of procedure being done.

Note: Consider having the client sign two consent forms on the same day. One for the hysteroscopic sterilization and another for the back-up procedure that will be done if the hysteroscopic sterilization is unable to be completed due to medical, surgical, or anatomical complications. This will prevent the client from having to wait another 30 days for the back-up procedure.

Provider qualifications specific to hysteroscopic sterilizations

The hysteroscopic sterilization must be performed by an agency-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 a licensed hospital.
- Has successfully completed the manufacturer's training for the device covered by the agency.
- Has successfully performed a minimum of 20 hysteroscopies.
- Has established screening and follow-up protocols for clients being considered for hysteroscopic sterilization.

Becoming a hysteroscopic sterilization provider

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 a licensed hospital
- Documentation attesting to having successfully performed 20 or more hysteroscopies
- Evidence of valid National Board Certification as an obstetrician or gynecologist
- Office protocols for screening and follow-up for hysteroscopic sterilizations

Submit documentation to:

Family Planning Program
familyplanning@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 expedited prior authorization (EPA) number.

The list of agency-approved hystereoscopic sterilization providers is posted on the [Sterilization Supplemental Billing Guide webpage](#) under the heading Hysteroscopic Sterilization (ESSURE®) – Approved Providers. Only providers on this list may bill and be paid for hysteroscopic sterilizations.

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:

- A court order including both:
 - ✓ A statement that the client is to be sterilized
 - ✓ The name of the client’s legal guardian who will give consent for the sterilization
- The [HHS-687](#) consent form 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 a 72-hour waiting period

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

In two circumstances, the 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 [HHS-687](#) consent form. Premature delivery is a delivery that occurs less than 37 weeks gestation. See [instructions for the sterilization consent form](#).
- For emergency abdominal surgery, including medically-indicated cesarean sections. (The nature of the emergency must be described on the [HHS-687](#) 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-approved [HHS-687](#) consent form. 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 the *Claim Note* section of the professional claim 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 the *Claim Note* section of the professional claim 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 the *Claim Note* section of the professional claim and backup documentation: “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 affect 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

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

HCPCS/ CPT Code	Short Description	Comments
00840	Anesthesia for intraperitoneal procedures in lower abdomen	May only to be used with 58670 or 58671
00851	Anesthesia for intraperitoneal procedure/tubal ligation	
00921	Anesth vasectomy	
55250	Removal of sperm duct(s)	
55450	Ligation of sperm duct	
58600	Division of fallopian tube	Abdominal or vaginal approach.
58605	Division of fallopian tube	Associated with a vaginal delivery
58611	Ligate oviduct(s) add-on	Associated with a cesarean delivery.
58615	Occlude fallopian tube(s)	For external occlusive devices only, such as band, clip, or <i>Falope</i> ring. Vaginal or suprapubic approach.
58670	Laparoscopy, tubal cauterly	
58671	Laparoscopy, tubal block	For external occlusive devices only, such as band, clip, or <i>Falope</i> ring.

Supplemental Billing Guide: Sterilization

Hysteroscopic Sterilization with ESSURE		
58565	Hysteroscopy bi tube occlusion w/ perm implants	Requires EPA
A4264	Intratubal occlusion device	Must be billed with 58565 Requires EPA
58340	Catheter for hysteroigraphy	Must be billed with a sterilization diagnosis code
74740	Hysterosalpingography RS&I	Must be billed with a sterilization diagnosis code
<p>Office Visits: The agency pays for an office visit for the visit that includes counseling associated with sterilization and obtaining the client’s signature on the HHS-687 consent form. The agency pays for this visit even if after the visit the client chooses not to be sterilized. See the agency’s Physician-Related Services/Healthcare Professional Services Billing Guide for how to bill for evaluation and management visits.</p>		

Appendices

Appendix A: Consent form instructions

- All information on the [HHS-687](#) consent form **must be legible**.
- The agency accepts complete [HHS-687](#) consent forms only, following the instructions below.
- Do not use abbreviations on the form.

The [HHS-687](#) 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 [HHS-687](#) consent form

(The actual federal consent form does not have section and line numbers. The example in Appendix B has section and line numbers to show where each instruction refers. The wording of the item may be slightly different on the example in Appendix B.)

Section I: Consent to Sterilization	
Line*	Instructions
1. Doctor or Clinic:	<p>Must be the full name of the health professional or clinic (medical group) that gave the client the federally required information regarding sterilization.</p> <p>This may be different than the performing provider.</p>
2. Specify Type of Operation:	<p>Indicate a <i>single</i> type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, #20. The client may consent to only one type of procedure.</p> <p>Examples: <i>Vasectomy, bilateral tubal ligation, hysteroscopic sterilization, or ESSURE®. Abbreviations will not be accepted.</i></p>
3. Date:	<p>Must be the client’s birth date.</p>
4. Space for name of person being sterilized:	<p>Must be the client’s printed full name. Must be same name as lines #12 and #18 on this form.</p>
5. Doctor or Clinic:	<p>Can be a provider at a specific clinic practice, a clinic name, or a provider on call at a specific clinic practice. (This does not have to be the same name signed on line #24.)</p> <p>For example, we will not accept “<i>physician on call.</i>”</p>

*The line numbers correspond to those listed on the sample consent form in [Appendix B](#).

Supplemental Billing Guide: Sterilization

Section I: Consent to Sterilization	
6. Specify Type of Operation:	Indicate type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, #20. Examples: <i>Vasectomy, bilateral tubal ligation, hysteroscopic sterilization, or ESSURE®.</i> [Abbreviations will not be accepted.]
7. Signature:	Client signature. Must be client's usual legal signature. Must be signed in ink.
8. Date:	Date of consent. Must be the date that client was initially counseled regarding sterilization. Must be more than 30 days, but less than 181 days, from the date of sterilization (line #19). Note: This is true even of shorter months such as February. The sterilization may be done on the 31st through 180th day from the date of the client's signature. Example: <i>If the HHS-687 form was signed on 3/2/2016, the client has met the 30-day wait period and can have their sterilization on 4/1/2016.</i> If less than 30 days, see waiving the 30 day waiting period and section IV of the form.

Section II: Interpreter's Statement	
Line	Instructions
9. Space for client's language:	Must specify language into which the sterilization information statement has been translated to for the client.
10. Interpreter's Signature:	Must be interpreter's original signature in ink.
11. Date:	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.

Section III: Statement of Person Obtaining Consent	
Line	Instructions
12. Name of Individual:	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:	Indicate type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, #20.

Supplemental Billing Guide: Sterilization

	Examples: <i>Vasectomy, bilateral tubal ligation, hysteroscopic sterilization , or ESSURE®.</i> [Abbreviations will not be accepted.]
14. Signature of Person Obtaining Consent:	Must be usual legal signature signed in ink.
15. Date:	Date consent was obtained (must be the same as #8).
16. Facility:	Must be full name of clinic or provider's office obtaining consent. (No abbreviations will be accepted.)
17. Address:	Must be physical address of clinic or provider's office where the consent was signed.

Section IV: Physician's Statement

Line	Instructions
18. Name of Individual:	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 181 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 the form.
20. Specify Type of Operation:	Indicate type of sterilization procedure. Procedure must the same on lines #2, #6, and #13. <i>Examples: Vasectomy, bilateral tubal ligation, hysteroscopic sterilization, or ESSURE®. Abbreviations will not be accepted.</i>
21. Premature Delivery:	Check if delivery is premature. Premature means a delivery occurring at less than 37 weeks gestation.
22. Expected Date of Delivery:	To be completed if there is a premature delivery. Enter the <i>expected</i> date of delivery. Do not use the 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. This includes medically indicated cesarean sections.
24. [blank]	Print the provider's name signed on line #25. The provider's name must be printed above the signature or located nearby to verify the claim for payment.

Section IV: Physician's Statement	
25. Physician's Signature:	Must be the provider who actually performed sterilization procedure. Must be signed in ink. Name must be the same name as on the claim submitted for payment.
26. Date:	Date of provider's signature. Must be completed shortly after the sterilization procedure.

Completion of [HHS-687](#) sterilization consent form for a client ages 18-20

- Use the [HHS-687](#) consent form.
- 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

(This is an example. The current agency approved sterilization form is federal form [HHS-687](#).)

Form Approved: OMB No. 0937-0166
Expiration date: 12/31/2018

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 _____ *Doctor or Clinic* 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 30 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) _____ *Date*

I, (4) _____ , hereby consent of my own free will to be sterilized by (5) _____ *Doctor or Clinic* by a method called (6) _____ . My *Specify Type of Operation* 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) _____
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 Date

HHS-687 (10/12)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before (12) _____ signed the *Name of Individual* consent form, I explained to him/her the nature of sterilization operation (13) _____ , the fact that it is *Specify Type of Operation* 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

(16) _____
Facility

(17) _____
Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon (18) _____ on (19) _____ *Name of Individual Date of Sterilization* I explained to him/her the nature of the sterilization operation (20) _____ , the fact that it is *Specify Type of Operation*

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 30 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):

- Premature delivery (21)
- Individual's expected date of delivery: (22) _____
- Emergency abdominal surgery (*describe circumstances*): (23) _____

(24) _____

(25) _____ (26) _____
Physician's Signature Date

Appendix C: The top 10 reasons sterilization claims are denied

- A copy of the consent form is NOT attached.
- There are blank lines on the consent form. (All lines in sections [I](#), [II](#), and [IV](#) must be completed, except lines 21, 22, and 23 which are 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 provider who signs the consent form (line 24) is not the provider listed on the claim as performing the sterilization procedure.
- The provider's signature is illegible on the consent form and the provider's name is not printed above his or her signature (line 24).
- 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 22).
- The client consents to surgical sterilization and a hysteroscopic sterilization on the same consent form (tubal ligation and ESSURE).