STERILIZATION SUPPLEMENTAL
Provider Guide

April 1, 2016

About this guide*

This publication takes effect April 1, 2016, and supersedes earlier guides to this program.

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

What has changed?

Subject	Change	Reason for Change
Important Changes to Apple Health Effective April 1, 2016	**Effective April 1, 2016**, for Apple Health (Medicaid), important changes are taking place that **all providers** need to know. Information has been added regarding new policy for early enrollment into managed care, implementation of fully integrated managed care in SW WA Region, Apple Health Core Connections for Foster Children, Behavioral Health Organizations (formerly RSNs), and contact information for southwest Washington.	Program changes.
Resources Available	Updated link to the agency-approved Sterilization Consent form.	The agency now requires providers to use the federal consent form HHS-687. The agency will accept already completed HCA 13-364 forms through July 15, 2016.
Appendix B	Replaced the example sterilization request form with HHS-687.	The agency now requires providers to use the federal consent form HHS-687. The agency will accept already completed HCA 13-364 forms through July 15, 2016.
What is sterilization?	Revised note box to be clearer about what is not a sterilization.	Clarification.
Coverage	Created new section "Who is eligible for sterilizations?"	Clarification.

*This publication is a billing instruction.

When are hysteroscopic sterilizations covered?	Added the following highlighted language: "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."	Clarification.
Coverage Table	Added sentence to note box: "The specific diagnosis code for tubal ligation (Z9851) and vasectomy (Z9852) must also be on the claim for the procedure."	Clarification due to change to ICD-10.
Client Eligibility	Moved client eligibility content to new section.	Clarification.

How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency's Provider Publications website.

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Resources Available

Topic	Resource
Obtaining information regarding the Family Planning Program, including questions about sterilization	Visit the agency's Family Planning website. Visit the Customer Service Center. 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
Agency-approved Sterilization Consent form	Visit U.S. Department of Health and Human Services to download English and Spanish versions of HHS-687.
Obtaining pharmacy information related to sterilization	Visit the agency's Pharmacy Information website.
Additional agency resources	See the agency's online list of Resources Available.
Obtaining agency provider notices and Medicaid provider guides	Go to the agency's Provider Publications website.
Billing and Claim Forms	Providers must follow the billing requirements listed in the agency's ProviderOne Billing and Resource Guide. The guide explains how to complete the CMS-1500 Claim Form.

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Definitions

(WAC 182-532-001)

This section defines select terms used in this guide. Refer to the agency's Washington Apple Health Glossary, the Family Planning Provider Guide, and chapter 182-500 WAC for additional definitions.

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

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

Family Planning Only program – The 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 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.

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.

Important Changes to Apple Health Effective April 1, 2016

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. A Provider FAQ is available online**.**

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 Provider 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)
- 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 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

COMMUNITY HEALTH PLAN of Washington	Community Health Plan of Washington 1-866-418-1009

Beacon Health Options	Beacon Health Options 1-855-228-6502

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 Health Care Coverage—Program Benefit Packages and Scope of Service Categories 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.

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. The client must be informed as part of the surgical consent that the procedure will cause sterility. For more information about these procedures, see the Physician-Related Services/Health Care Professional Services provider guide.

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 and tubal ligations to any Washington Apple Health client, including TAKE CHARGE clients.

For special qualifications for providers who perform hysteroscopic sterilizations, see Provider qualifications specific to hysteroscopic sterilizations.

What are the consent requirements?

(WAC 182-531-1550(9))

Federal regulations prohibit payment for sterilization procedures until a federally approved and accurately completed sterilization consent form is received with a claim. For Washington Apple Health, this is HHS-687. (The agency previously used HCA 13-364.) A Spanish form is also available.

Note: The HCA 13-364 form has been 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. The agency will accept 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 will deny a claim with an incomplete or improperly completed HHS-687 consent form.

- The agency reimburses attending providers after the procedure is completed.

- 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 more than 30 days, but less than 180 days, prior to the date of sterilization.

  Note: If less than 30 days, refer to waiving the 30-day waiting period and/or section IV of the sterilization consent form.

- Section IV, the bottom right portion of the sterilization consent form, must be completed within 30 days of surgery by the physician who performed the surgery.

  Note: See instructions for completing the consent form in Appendix A of this guide.

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 Provider Guide.

When does the agency pay providers for sterilizations?

The agency reimburses 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 reimburses only after the procedure is completed.

When does the agency pay separately for an office visit related to a sterilization procedure?

The agency pays separately for an office visit for the visit that includes counseling associated with sterilization and obtaining the client's signature on the consent form. The sterilization diagnosis code must be on the claim. The agency pays for this visit even if after the visit the client chooses not to be sterilized.

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

Does the agency pay providers for anesthesia for sterilizations?

- The agency pays for anesthesia necessary to perform sterilization. Follow the billing guidelines in the Physician-Related Service/Health Care Professional Service Provider 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.

When are vasectomies covered?

- The agency covers vasectomies when all of the following apply:

  - ✓ The client has voluntarily given informed consent.

  - ✓ The date the client signed the consent for sterilization is at least 30 days before and not more than 180 days after the date of the sterilization procedure. (The vasectomy may be done on the 31st through 180th day from the date of the client's signature.)

  - ✓ 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).

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

- The agency pays providers, such as hospitals, anesthesiologists, surgeons, and other attending providers, for a vasectomy procedure only when the correctly completed HHS-687 consent form is attached to the claim. (See specific instructions for this form.)

- The agency pays for an office visit that includes counseling associated with sterilization and obtaining the client's signature on the HHS-687 consent form. The sterilization diagnosis code must be on the claim. The agency pays for this visit even if after the visit the client chooses not to be sterilized.

- The agency pays for sperm counts after sterilization. The sterilization diagnosis code must be on the claim.

- The agency covers complications resulting from sterilizations on a case-by-case basis. Contact the agency's Family Planning Program.

When are tubal ligations covered?

- The agency covers tubal ligations when all of the following apply:

  ✓ The client has voluntarily given informed consent.

  ✓ The date the client signed the HHS-687 consent form is at least 30 days before and not more than 180 days after the date of the sterilization procedure. (The tubal ligation may be done on the 31st through 180th day from the date of the client's signature.)

  ✓ The client is at least age 18 at the time the HHS-687 consent form is signed.

  ✓ The client is mentally competent.

  ✓ The client participates in a Washington Apple Health program (WAC 182-501-0060).

> **Note:** The agency pays providers for tubal ligations for managed care clients age 18 through 20 under the fee-for-service system. This age group may self-refer. All other managed care clients must obtain their tubal ligations services from their managed care provider.

- The agency pays providers, such as, hospitals, anesthesiologists, surgeons, and other attending providers, for a tubal ligation procedure only when the correctly completed HHS-687 consent form is attached to the claim. (See requirements for this form.)

- The agency pays for an office visit that includes counseling associated with sterilization and obtaining the client's signature on the HHS-687 consent form. The sterilization

diagnosis code must be on the claim. The agency pays for this visit even if after the visit the client chooses not to be sterilized.

- The agency covers complications resulting from sterilizations on a case-by-case basis. Contact the agency's Family Planning Program.

When are hysteroscopic sterilizations covered?

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

- The agency covers hysteroscopic sterilizations when all of the following apply:

  ✓ The client has voluntarily given informed consent.

  ✓ The date the client signed the consent for sterilization is at least 30 days before and not more than 180 days after the date of the sterilization procedure. (The hysteroscopic sterilization may be done on the 31st through 180th day from the date of the client's signature)

  ✓ 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).

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

  ✓ The sterilization is 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 Provider Guide webpage.

  ✓ An agency-approved device is used.

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

  ✓ To be reimbursed for the device, it must appear on the same claim as the procedure, by the provider that supplied the device. The device is paid separately only when billed on a professional claim. The device is bundled if billed by a facility.

- ✓ 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 anesthetist. 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.

- 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 sterilization diagnosis code must be on the claim. The agency pays for this visit even if after the visit the client chooses not to be sterilized.

- The agency pays approved providers for a hysteroscopic sterilization only when the completed HHS-687 consent form is attached to the claim. (See the instructions for the consent form.)

- The agency covers a post-hysterscopic sterilization hysterosalpingogram to confirm complete blockage of the Fallopian tubes. Reimbursement depends on the client's Medicaid eligibility at the time of service.

- The agency covers complications resulting from sterilizations on a case-by-case basis. Contact the agency's Family Planning Program.

Note: 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.

Provider qualifications specific to hysteroscopic sterilizations

The hysteroscopic sterilization must be performed by an approved provider who:

- Has a core provider agreement with the agency.

- Is nationally board certified in obstetrics and gynecology (OB-GYN).

- Is privileged to do hysteroscopies at the facility where the hysteroscopy is performed.

- Has successfully completed the manufacturer's training for the device.

- Has successfully performed a minimum of 20 hysteroscopies.
- Has established screening and follow-up protocols for clients being considered for hysteroscopic sterilization.

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

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

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 Provider Guide webpage under the heading. Hysteroscopic Sterilization (ESSURE®) – Approved Providers. Only providers on this list may bill and be paid for hysteroscopic sterilizations.

What drugs are covered?

The agency covers these drugs when related to sterilization procedures:

Antianxiety Medication – Before Sterilization Procedure

- Diazepam
- Alprazolam

Pain Medication – After Sterilization Procedure

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

For information on prescribing limits for drugs related to sterilization procedures, see the agency's Prescription Drug Program Provider Guide.

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

(WAC 182-531-1550(7))

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

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

- A court order including both:
  - ✓ A statement that the client is to be sterilized
  - ✓ The name of the client's legal guardian who will 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 less than a 30-day waiting period

(WAC 182-531-1550(4))

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

- At the time of premature delivery when the client gave consent at least 30 days before the expected date of delivery. The expected date of delivery must be documented on the HHS-687 consent form. See instructions for the sterilization consent form.

- For emergency abdominal surgery. (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 CMS-1500 Claim Form field 19 and backup documentation: "NOT ELIGIBLE 30 DAYS BEFORE DELIVERY."

- The client did not obtain medical care until the last month of pregnancy.

  Language required on CMS-1500 Claim Form field 19 and backup documentation: "NO MEDICAL CARE 30 DAYS BEFORE DELIVERY."

- The client was a substance abuser during pregnancy, but is not alcohol or drug-impaired at the time of delivery.

  Language required on CMS-1500 Claim Form field 19 and backup documentation: "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	Modifier	Short Description	EPA/PA	Comments
00840	As needed	Anesthesia for intraperitoneal procedures in lower abdomen		Only to be used with 58670 or 58671
00851	As needed	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 *Falope* ring. Vaginal or suprapubic approach.
58670		Laparoscopy, tubal cautery		
58671		Laparoscopy, tubal block		For external occlusive devices only, such as band, clip, or *Falope* ring.

Hysteroscopic Sterilization with ESSURE				
58565		Hysteroscopy bi tube occlusion w/ perm implnts	EPA	Must be billed with A4264
A4264		Intratubal occlusion device	EPA	Must be billed with 58565
58340		Catheter for hysterography		Must be billed with a sterilization diagnosis code
74740		Hysterosalpingography RS&I		Must be billed with a sterilization diagnosis code
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 sterilization diagnosis code must be on the claim. 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 Provider Guide for how to bill for evaluation and management visits.				

Note: Sterilization procedures and any initial or follow-up visits must be billed with diagnosis code Z30.2. Refer to the agency's Program Policy Approved Diagnosis Codes for Family Planning. The specific diagnosis code for tubal ligation (Z98.51) and vasectomy (Z98.52) must also be on the claim for the procedure.

Note: All services provided to TAKE CHARGE clients must have a primary focus and diagnosis of family planning. Sterilization is a covered service for TAKE CHARGE clients.

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:	Must be the full name of the health professional or clinic (medical group) that gave the client the federally required information regarding sterilization. This may be different than the performing physician.
2. Specify Type of Operation:	Indicate a *single* 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. Examples: *Vasectomy, bilateral tubal ligation, hysteroscopic sterilization—ESSURE®. Abbreviations will not be accepted.*
3. Date:	Must be the client's birth date.
4. Space for name of person being sterilized:	Must be the client's printed full name. Must be same name as lines #12 and #18 on this form.
5. Doctor or Clinic:	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.) For example, we will not accept *"physician on call."*

*The line numbers correspond to those listed on the sample consent form in Appendix B.

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: *Vasectomy, bilateral tubal ligation, hysteroscopic sterilization — ESSURE®.* [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: *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.* 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.

	Examples*: Vasectomy, bilateral tubal ligation, hysteroscopic sterilization — ESSURE®.* [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. *Examples: Vasectomy, bilateral tubal ligation, hysteroscopic sterilization — ESSURE®. Abbreviations will not be accepted.*
21. Premature Delivery:	Check if delivery is premature.
22. Expected Date of Delivery:	To be completed if there is a premature delivery. Enter the *expected* 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.
24. [blank]	Print the provider's name signed on line #25.
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.

Section IV: Physician's Statement	
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) _____ (*Doctor or Clinic*). 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) _____ (*Specify Type of Operation*). 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) _____ (*Specify Type of Operation*). 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) _____ (*Signature*) (8) _____ (*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) _____ (*Interpreter's Signature*) (11) _____ (*Date*)

HHS-687 (10/12)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before (12) _____ (*Name of Individual*) signed the consent form, I explained to him/her the nature of sterilization operation (13) _____ (*Specify Type of Operation*), 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) _____ (*Signature of Person Obtaining Consent*) (15) _____ (*Date*)

(16) _____ (*Facility*)

(17) _____ (*Address*)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon (18) _____ (*Name of Individual*) on (19) _____ (*Date of Sterilization*) I explained to him/her the nature of the sterilization operation (20) _____ (*Specify Type of Operation*), 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 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) _____ (*Physician's Signature*) (26) _____ (*Date*)

Example, Do Not Use

Appendix C: Frequently Asked Questions

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

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

   Only claims submitted with diagnosis codes in the Z30 series (excluding Z30.8) 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 agency-approved sterilization consent form.

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

   Submit the claim for all services provided with a completed, approved sterilization consent form for payment.

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

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

   No, any qualified Washington Apple Health 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?

- 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 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.)
- 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).