April 2006   **Provider Bulletin Number 613a**

Professional Providers

Transcervical Sterilization

Effective with processing dates on and after March 20, 2006, and retroactive to dates of service on and after January 1, 2005, procedure code 58579 is not covered for transcervical sterilization procedures. Procedure code 58565 is to be used. The procedure must meet all sterilization requirements. Prior authorization is required.

The Essure Kit is included in procedure code 58565 and should not be billed separately. The invoice does not need to be attached to the claim.

Procedure code 58340 (SIS/HSG test) is covered as part of the transcervical sterilization process. This code is paid only if the transcervical sterilization was paid previously and the sterilization was performed more than three months prior to the date of service. Prior authorization is not required.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, select the *Professional Provider Manual*, pages 8-42 through 8-44.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

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EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Division of Health Policy and Finance.

Page 1 of 4

Premature Delivery:
- The date of the consumer's consent must be at least three (3) calendar days prior to the date the sterilization was performed.
- The expected date of delivery must be indicated on the consent form and the date of the consumer's consent must be at least 30 days prior to the expected date of delivery.

Emergency Abdominal Surgery:
- The date of the consumer's consent must be at least three (3) calendar days prior to the date the sterilization was performed.
- The circumstances of the emergency abdominal surgery must be described by the physician sufficiently to substantiate the waiver of the 30 day requirement.

Three (3) calendar days is used in the above exceptions to guarantee compliance with the minimum federal requirement of 72 hours.

3) The sterilization consent form is valid for 180 days from the date it is signed by the consumer. Sterilization claims for individuals that reflect dates of service beyond 180 days from the date the consent form was signed will be denied.

4) The individual must be at least 21 years of age or older on the date the consent form is signed, or the sterilization claim will be denied. (This includes those situations in which the individual has misrepresented his or her age on the consent form to the provider.) The birth date information provided by SRS will be used to determine whether the individual meets the age requirement. This information can be obtained through the EDS Provider Assistance Unit.

5) Sterilizations on mentally incompetent individuals are not covered. "Mentally incompetent individual" is defined as an individual who has been declared mentally incompetent by a federal, state or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilizations (42 CFR 441.251).

6) The sterilization is not covered when consent is obtained from anyone in "labor", under the influence of alcohol or other drugs, or seeking or obtaining an abortion.

7) Interpreters must be provided when there are language barriers, and special arrangements must be made for handicapped individuals.

8) The physician's statement must be signed and dated no more than two (2) days prior to the surgery, the day of the surgery, or any day after sterilization was performed.

9) The physician statement on the consent form must be signed by the physician who performed the sterilization. No other signatures will be accepted.

When sterilization results from the treatment of a medical condition, a consent form is not required. It is necessary, however, to indicate on the face of the claim a statement to this effect. Claims billed involving these situations will be denied for no sterilization consent form when an explanatory notation is not present on the face of the claim.

The form must be legible in its entirety.

Providers may photocopy this form from the manual. Refer to the Forms section at the end of the manual for a copy of the sterilization consent form.

Transcervical Sterilizations:
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The Essure Kit is included in procedure code 58565 and should not be billed separately. The invoice does not need to be attached to the claim.

Procedure code 58340 (SIS/HSG test) is covered as part of the transcervical sterilization process. This code will be paid only if the transcervical sterilization has been paid previously and the sterilization was performed more than three months prior to the date of service. Prior authorization is not required.

HOW TO COMPLETE THE STERILIZATION FORM

Consent to Sterilization:
The consumer must sign and date the left portion of the consent form. All dates **must** include month, day and year.

Field 1   **Required.** Enter the name of the doctor or clinic from which the beneficiary received sterilization information.

Field 2   **Required.** Enter the name of the procedure to be performed.

Field 3   **Required**. Enter the consumer's date of birth in **MM/DD/YYYY** format.

Field 4   **Required.** Enter the name of the consumer.

Field 5   **Required.** Enter the name of the physician who will be performing the sterilization procedure.

Field 6   **Required.** Enter the name of the procedure to be performed.

Field 7   **Federally Mandated Field.** The consumer must enter his/her signature here. This field **cannot** be altered or changed.

Field 8   **Federally Mandated Field.** The consumer must enter the date he/she signed the consent form. This field **cannot** be altered or changed. The date must be entered in MM/DD/YY format. The consumer must be 21 years of age on or before this date.

Field 9   **Optional**. Enter the race and ethnic designation of the consumer.

Field 10   Enter if applicable. If the consumer is not able to fully understand the description of service in English, then an interpreter **must** be present to explain the procedure and **must** sign and date this section.

Field 11   **Required.** The interpreter must sign and date the form.

Field 12   **Required.** Enter the beneficiary's first name, middle initial, and last name.

Field 13   **Required.** Enter the name of the procedure to be performed.

Field 14   **Required.** The person obtaining consent must sign and date here (i.e., physician or qualified individual who explained the procedure to the consumer). The date should be on or after the date the consumer signed the consent form.

Field 15   **Required.** Enter the name of the facility where the sterilization procedure was performed.

Field 16   **Required.** Enter the address of the facility.

Field 17   **Required.** Enter the beneficiary's first name, middle initial, and last name.

Field 18   **Required.** The date entered here **must** be at least 30 days after but no more than 180 days from the date the consumer signed the consent form. This date and the date on the claim form **must** match and be in MM/DD/YY format.

Field 19   **Required.** Enter the name of the procedure to be performed.

Field 20   If applicable. Check appropriate box. Enter the expected date of delivery. This date must be 30 days after the date the consumer signed the consent form. This date is **required** if either block is checked. The date **must** be in MM/DD/YY format.