

**April 2006**

**Provider Bulletin Number 613b**

# **Hospital 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 *Hospital Provider Manual*, page 8-37.

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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- 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 or on or after the date the 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 medical conditions or a sterilization procedure is performed that does not result in sterilization (e.g., unilateral procedure), 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.

**All required entries on the sterilization consent form must be completed and the form legible.**

A copy of this form can be found in the forms section at the end of this manual.

Providers may photocopy this form from the manual.

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