

**April 2006**

**Provider Bulletin Number 613c**

## **RHC/FQHC 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 *RHC/FQHC Provider Manual*, page 8-8.

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.

**8400. Updated 3/06**

Clinical diagnostic laboratory services including the six required lab tests for RHC certification.

Health care services performed by outside entities, including those owned by the center's owner(s) or staff. The State Plan requires that providers of these services bill Medicaid directly.

Drugs and biologicals which can be self-administered. For example, oral prescription drugs, insulin injections.

**Dental Services (FQHCs only)**

FQHCs that provide dental services, should bill these on the Dental claim form using American Dental Association (ADA) procedure codes. Please refer to the Medicaid Dental Provider Manual for covered services and other information.

**Family Planning**

The initial family planning visit is limited to one per consumer per lifetime. An annual family planning visit is limited to one every 12 months. Interim family planning visits are limited to three every 12 months.

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