



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Hospital/Critical Access Hospital (CAH)/End Stage Renal Disease (ESRD)

DATE: April 1, 2007

SUBJECT: Provider Manual Update Transmittal #113

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
216.130	10-13-03	—	—
216.400	10-13-03	216.400	4-1-07
272.150	10-13-03	272.150	4-1-07
—	—	272.151	4-1-07
—	—	272.152	4-1-07
—	—	272.153	4-1-07
—	—	272.154	4-1-07
—	—	272.155	4-1-07
—	—	272.156	4-1-07
—	—	272.157	4-1-07

Explanation of Updates

Section 216.130 is obsolete and has been deleted.

Section 216.400: This section is included in this transmittal to update coverage information and regulations regarding sterilizations in the Women’s Health (Family Planning Waiver) Program.

Section 272.150: This section has been rewritten to accommodate revisions in the Women’s Health (Family Planning Waiver) Program and to clarify billing instructions for family planning.

Section 272.151: This section is the billing information for outpatient hospital visits for family planning.

Section 272.152: This section presents billing instructions and procedure codes for family planning outpatient surgeries.

Section 272.153: This section comprises procedure codes and instructions for billing for family planning lab services

Section 272.154: This section lists HCPCS procedure codes for contraceptive devices

Section 272.155: This section explains the Essure procedure and coverage and billing procedures for related services.

Section 272.156: This section has been renumbered.

Section 272.157: This section lists family planning services that are not covered for women in the Women's Health (Family Planning Waiver) Program (Aid Category 69)

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC required**216.400****Sterilizations**

4-1-07

- A. Medicaid covers sterilization of men and women.
1. All adult (aged 21 or older) male and female Medicaid beneficiaries who are mentally competent are eligible for therapeutic and non-therapeutic sterilization procedures.
 2. Adult (aged 21 or older) women who participate in the Women's Health (Family Planning Waiver) Program (Aid Category 69) and who are mentally competent are eligible for non-therapeutic sterilization procedures approved by CMS for the Women's Health Program and for non-therapeutic sterilizations not performed in conjunction with deliveries of infants.
- B. Medicaid coverage of elective, non-therapeutic sterilization is contingent upon the provider's documented compliance with federal and state regulations, including obtaining the patient's signed consent in the manner prescribed by law.
- C. A non-therapeutic sterilization is any procedure or operation for which the primary purpose is to render an individual permanently incapable of reproducing.
1. Non-therapeutic sterilization is neither
 - a. A necessary part of the treatment of an existing illness or injury nor
 - b. Medically indicated as an accompaniment of an operation of the genitourinary tract.
 2. The reason the individual decides to take permanent and irreversible action is irrelevant. It may be for social, economic or psychological reasons, or because a pregnancy would be inadvisable for medical reasons.
- D. Prior authorization is not required for a sterilization procedure. However, all applicable criteria described in this manual must be met.
- E. Federal regulations are very explicit concerning coverage of non-therapeutic sterilization.
1. The person to be sterilized must voluntarily request the service.
 2. The person must be mentally and legally competent to give informed consent.
 3. The person must be 21 years of age or older when he or she gives informed consent.
 4. The person to be sterilized shall not be an institutionalized individual. The regulations define "institutionalized individual" as a person who is
 - a. Involuntarily confined or detained under a civil or criminal statute in a correctional or rehabilitative facility, including a facility for mental illness, or
 - b. Confined under a voluntary commitment in a mental hospital or other facility for the care and treatment of mental illness.
 5. The person has been counseled, both orally and in writing, regarding alternative methods of birth control and the effects and the impact of sterilization.
 6. Informed consent and counseling must be properly documented. Only the official Sterilization Consent Form DMS-615, correctly completed, complies with documentation requirements. [View or print Sterilization Consent Form DMS-615 and Checklist.](#)
 - a. Copies may be ordered from EDS. [View or print EDS supplied forms information.](#) See Section V of any Arkansas Medicaid provider manual for forms and instructions for ordering forms and publications.
 - b. If the patient needs the Sterilization Consent Form in an alternative format, such as large print, contact our Americans with Disabilities Act Coordinator.

[View or print ADA Coordinator contact information.](#)

7. Available by order from EDS are two free informational publications: Sterilization Consent Form-Information for Women (PUB-019) and Sterilization Consent Form-Information for Men (PUB-020). [View or print a list of EDS supplied forms.](#) See Section V of any Arkansas Medicaid provider manual for **forms and** instructions for **obtaining** forms and publications.
8. If you have any questions regarding any of these **instructions**, contact the Arkansas Medicaid Program before the sterilization.

272.150 Family Planning Services

4-1-07

- A. Arkansas Medicaid covers numerous family planning services—including contraceptive devices and supplies—for both male and female beneficiaries who have full Medicaid coverage.
- B. Women in the Pregnant Women—Poverty Level Program (PWPL, Aid Category 61) are eligible for all family planning services until the last day of the month in which the 60th postpartum day occurs.
- C. Women who participate in the Women’s Health (Family Planning Waiver) Program (Aid Category 69) are eligible for most of Medicaid’s family planning services. Services that are *not* covered for Women’s Health Program participants are listed in section 272.157.
- D. A family planning diagnosis code must be the primary (first) diagnosis code on a claim for family planning services.
 1. Institutional billing forms do not permit entry of a diagnosis for each service billed.
 2. Bill for family planning services and non-family planning services on separate claims, whether the claims are paper or electronic.

272.151 Outpatient Hospital Visits for Family Planning

4-1-07

Procedure Code	Modifier	Description
99402	UA	Basic Family Planning Visit—Facility Fee
99401	UA	Periodic Family Planning Visit—Facility Fee

272.152 Family Planning Procedures

4-1-07

This section lists procedure codes for covered family planning procedures.

- A. Some procedures are performed for both family planning and non-family planning purposes.
- B. Procedure codes followed by asterisks require a primary diagnosis of family planning or elective non-therapeutic sterilization unless the surgery is medically necessary.
- C. CPT procedure codes 58661 and 58700 represent procedures to treat medical conditions as well as for elective sterilizations. When billing with either of these codes for treatment of a medical condition, submit a paper claim and attach the operative report.

Family Planning Surgery Procedure Codes

11975	11976	11977	55250	55450	58300	58301	58565
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58600	58605	58611	58615	58661*	58670	58671	58700*
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272.153 Family Planning Laboratory Procedure Codes

4-1-07

When billing for family-planning related lab, use only family-planning related diagnosis codes on the claim.

81000	81001	81002	81003	81025	83020	83520	83896
84703	85014	85018	85660	86592	86593	86687	86701
87075	87081	87088	87210	87390	87470	87490	87491
87536	87590	87591	87621	88142*	88143*	88147	88148
88150	88152	88153	88154	88155	88164	88165	88166
88167	88174	88175	88302	89300	89310	89320	Q0111

* This lab procedure is covered only once per beneficiary per state fiscal year, July 1 through June 30.

272.154 Contraceptive Devices

4-1-07

Procedure Code	Description
J1055	Medroxyprogesterone acetate for contraceptive use
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system
J7303	Contraceptive supply, hormone containing vaginal ring
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies

272.155 Essure Procedure and Related Services

4-1-07

- A. Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (“Essure”), procedure code **58565**, is a family planning service.
- B. Unlike other sterilization procedures, the Essure procedure requires additional procedures for up to 6 months.
 1. Three of these procedures—represented by procedure codes **J1055**, **11976** and **58301**—are family planning services that usually are not covered after a sterilization procedure, but they *are* covered after the initial hysteroscopy as components of the Essure procedure
 2. Additionally, five procedures (**58340**, **58345**, **72190**, **74740** and **74742**) that usually are not covered as family planning services *are* covered as family planning services when performed within six months of the initial hysteroscopy.

272.156 Surgical Pathology—Examination of Tissue 4-1-07

Use procedure code **88302** to bill Medicaid the hospital's charges for surgical pathology related to outpatient elective sterilization.

272.157 Family Planning Procedures Not Covered for Women in the Women's Health (Family Planning Waiver) Program 4-1-07

Women in the Women's Health (Family Planning Waiver) Program (Aid Category 69) are not eligible for the services represented by the procedure codes in this section.

Procedures not Covered for Women in Aid Category 69

55250	55450	58605	58611	58661	58700	89300	89310
89320	S0612						
