



Majority OB Medicaid “MOM” Workgroup 1/14/2020

Future MOM workgroup topics



Please continue to tell us your most common denial reason and topics or concerns you would like covered in the future.

- Ultrasounds
- Billing outside the global/package code
- Abnormal lab denials
- Other

Are you receiving sterilization denials?

52% report sterilization denials.

Revenue Opportunity: Sterilizations



This will be covered in the future.

Review

Survey Comments:

- Indication of missing consent forms
- Usually the wrong diagnosis code by the doctor.
- Even when an approved form is on file, we have found we have to submit several times to be reimbursed.
- Invalid form or no form on file
- Mostly because they do not like the way the patient or the provider signs the consent and if we do not complete the loop in any of the words on the forms.
- Illegible signatures, incomplete forms, and signature not obtained.
- Missing consent form when the form has not been processed yet

https://files.nc.gov/ncdma/documents/files/1E-3_6.pdf

Common Sterilization Denial Reasons

- Illegible signature (with name not printed under signature)
- Use of initials in the signature
- Date of beneficiary and witness signature not matching
- Individual and Facility NPI number not in the header of the consent
- No FP modifier
- Type of Surgery listed in the Physician's Statement section does not match the billing claim

The Basics

1. Member education is important. Reversals are not covered.
2. Make sure you are using the most up to date [sterilization consent form](#).
3. This a federal form. Changes can not be made by the state and/or provider.
4. Sterilization forms plus supporting documentation if indicated must be mailed in. There is no electronic portal for submitting these.
5. Medicaid and Health Choice [Clinical Coverage Policy Sterilization Procedures No: 1E-3](#) Amended Date: August 15, 2020

Consent Criteria

Voluntary sterilization procedures are covered for a beneficiary who:

1. Is at least 21 years of age at time of the informed consent is signed
2. Is not legally declared to be mentally incompetent
3. Is not involuntarily/voluntarily committed, confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness
4. Gave informed consent

Obtaining Consent

Informed consent for sterilization may not be obtained while the beneficiary to be sterilized is:

- in labor or childbirth
- seeking to obtain or obtaining an abortion
- under the influence of alcohol or other substances that affect the beneficiary's state of awareness.

Medical Necessity Documentation

Health record documentation shall include:

- a. history and physical
- b. operative notes
- c. pathology report
- d. discharge summary
- e. reports for treatments performed prior to the hysterectomy (e.g., laparoscopic procedures, dilations and curettage, conizations or cervical biopsies).

Date of Consent

- Must be 21 years of age when they sign the consent form.
- Consent must be obtained at least 30, but not more than 180, consecutive days prior to the date of the sterilization, except under the following circumstances:
 - Premature Delivery: Informed consent must have been given at least 30 consecutive days before the expected date of delivery (EDD), and at least 72 hours must have passed since the informed consent was given.
 - *The EDD must be documented on the sterilization consent form in cases of premature delivery.
 - Emergency Abdominal Surgery: At least 72 hours must have passed since the informed consent was given.

Date of Consent

- **A new consent form cannot be initiated after the sterilization procedure or after consent form submission** to the Department of Health and Human Services (DHHS) fiscal contractor.
- An existing consent form already on file at DHHS fiscal contractor may be modified to correct an error made on the consent form unless the error occurred in one of the following areas:
 1. Beneficiary's handwritten signature or date consent form was signed
 2. Interpreter's handwritten signature or date consent form was signed
 3. Handwritten signature of the person obtaining the consent (witness signature) of date the consent form was signed by the witness.
- If an error occurs during the inception of the consent form in any field noted above, the form must be voided, and a new consent form initiated. Those errors can only be corrected if the error was found before the consent was submitted.

Consent Copies

1. The provider obtaining consent shall maintain the original completed sterilization consent form in the beneficiary's health record.
2. A copy of this consent form must be provided to the beneficiary.
3. Copies must be provided to the physician or provider conducting the procedure, the interpreter (if one is being used), and any other state agency or program requiring this documentation.
4. A copy must be retained at the service site where the consent is being obtained.
5. A valid sterilization consent must be on file with DHHS fiscal contractor before payment can be made for a sterilization procedure.

Signatures

- The beneficiary to be sterilized and the person obtaining the beneficiary's consent shall sign and date the sterilization consent form.
- The signatures must be handwritten.
- The physician's handwritten signature must be dated on or after the date of service (procedure date).
- All handwritten signatures must be legible, or the name must be printed below the handwritten signature. Printed handwritten signatures are acceptable for the beneficiary, interpreter, witness, and physician.
- The following types of signatures are not accepted:
 - a. A changed, altered, revised, or modified signature.
 - b. A traced signature.
 - c. A digital signature or signature stamp in lieu of an actual signature
 - d. Use of initials and abbreviations are not acceptable for the first name
 - e. Signature of another physician on the consent instead of the physician who performed the procedure.

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 _____ . When I first asked _____
Doctor or Clinic
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 _____ . The discomforts, risks

Specify Type of Operation
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: _____
Date

I, _____, hereby consent of my own free will to be sterilized by _____

Doctor or Clinic
by a method called _____ . My

Specify Type of Operation
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.

Signature *Date*

You are requested to supply the following information, but it is not required: (*Ethnicity and Race Designation*) (*please check*)

Ethnicity: _____
Race (mark one or more):
☐ Hispanic or Latino ☐ American Indian or Alaska Native
☐ Not Hispanic or Latino ☐ 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 _____

language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature *Date*

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the

Name of Individual
consent form, I explained to him/her the nature of sterilization operation _____, the fact that it is

Specify Type of Operation
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.

Signature of Person Obtaining Consent *Date*

Facility

Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

_____ on _____
Name of Individual *Date of Sterilization*

I explained to him/her the nature of the sterilization operation _____, the fact that it is

Specify Type of Operation
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
Individual's expected date of delivery: _____

☐ Emergency abdominal surgery (*describe circumstances*): _____

Physician's Signature *Date*

Four Sections:

1. Consent to Sterilization
2. Statement of Person Obtaining Consent
3. Interpreter's Statement
4. Physician's Statement

“Consent to Sterilization” section

1. Person or facility that provided information concerning sterilization.

- The full name of the person or the full name of the facility providing the information must be stated in this area.
- Abbreviations of name or abbreviation of facility name are not acceptable.
- Initials or “doctor on call” are not acceptable

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ . When I first asked _____
Doctor or Clinic

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 _____ . The discomforts, risks _____
Specify Type of Operation

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

“Consent to Sterilization” section

I understand that I will be sterilized by an operation known as a 2. The discomforts, risks

Specify Type of Operation

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. My

Specify Type of Operation

consent expires 180 days from the date of my signature below.

2. Type of sterilization procedure to be performed.
3. Beneficiary's date of birth (must be at least 21 years of age when the consent form is signed). Date of birth must match beneficiary files.
4. Name of beneficiary as it appears on the Medicaid Identification card.
5. The full name of the physician scheduled to do the surgery (abbreviations, initials, or "doctor on call" are not acceptable).
6. Type of sterilization procedure to be performed.

“Consent to Sterilization” section

Areas 7 & 8 cannot be altered.

*Once an error is made in these areas, consent form cannot be re-submitted

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 **8**
Signature Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

Ethnicity: Race (mark one or more):

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White

9

■ INTERPRETER'S STATEMENT ■

7. Beneficiary's handwritten signature which must be dated cannot be altered, traced over, or corrected. Initials are not acceptable for the first name. The handwritten signature must be legible. If not, the Beneficiary's name must be typed or printed under the signature. Use of a digital signature or signature stamp is **not** acceptable.

8. Date the consent form was signed. The date of the beneficiary's signature must be at least 30 consecutive days and no more than 180 consecutive days prior to the date of the sterilization. The count begins the day following the beneficiary's signature date.

9. Race and ethnicity (not required).

“Interpreter’s Statement” section

If applicable

■ **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 10 language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

11 12
Interpreter's Signature Date

HHS-687 (04/22)

Areas 11 & 12 cannot be altered.

*Once an error is made in these areas, consent form cannot be re-submitted

10. Language in which the form was read to the beneficiary, if an interpreter was used.

11. Handwritten signature of the interpreter.
Initials are not acceptable for the first name. Use of a digital signature or signature stamp is not acceptable.

12. Signature date of the interpreter (same as date provided by beneficiary and date provided by the person obtaining the consent).

“Statement of Person Obtaining Consent” section

■ **STATEMENT OF PERSON OBTAINING CONSENT** ■

Before 13 signed the
Name of Individual

consent form, I explained to him/her the nature of sterilization operation
14, the fact that it is
Specify Type of Operation

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.

15 16
Signature of Person Obtaining Consent *Date*

17
Facility

Address

Areas 15 & 16 cannot be altered.

*Once an error is made in these areas, consent form cannot be re-submitted

13. Name of beneficiary.
14. Name of sterilization procedure.
15. Handwritten signature of person obtaining consent must be dated and legible. If not legible, the name must be typed or printed above or below the signature. Initials are not acceptable for the first name. Use of a digital signature or signature stamp is not acceptable.
16. Date (this date must be the same as the beneficiary signature date). Note: the doctor can also be the person obtaining consent.
17. The full name and address of the facility, including street name and number, city, state, and zip code, where the consent was obtained and witnessed.

“Physician’s Statement” section

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

18 on 19

Name of Individual Date of Sterilization

I explained to him/her the nature of the sterilization operation

20, the fact that it is

Specify Type of Operation

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): 22

18. Name of beneficiary.
19. Actual date of sterilization. Date of surgery may be changed on consent form with submission of operative records verifying date of service.
20. Type of sterilization procedure performed.
21. The box is to be checked if the delivery was premature (write the beneficiary's expected delivery date in the space provided).
22. The box is to be checked if emergency abdominal surgery was performed. Claim must be submitted with operative records.

“Physician’s Statement” section

<div style="display: flex; justify-content: space-between; align-items: center;"> ■ PHYSICIAN'S STATEMENT ■ </div>	
Shortly before I performed a sterilization operation upon	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> on	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<i>Name of Individual</i>	<i>Date of Sterilization</i>
I explained to him/her the nature of the sterilization operation	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> , the fact that it is	
<i>Specify Type of Operation</i>	
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):	
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Premature delivery <input type="checkbox"/> Emergency abdominal surgery (<i>describe circumstances</i>): </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div>	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">23</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Physician's Signature	<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">24</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date

23. Physician's handwritten signature must be legible, or name must be printed below the signature. Initials are not acceptable for the first name. The use of a digital signature or signature stamp is not acceptable. The physician signing the consent shall be the physician who performed the procedure.

24. Date must be on or after the date of service.

Additional Needed Information

The image shows a sample of a "CONSENT FOR STERILIZATION" form. The form is rectangular with a blue border. At the top left, the number "25" is handwritten. At the top center, the number "27" is handwritten. At the top right, the number "26" is handwritten. Below the numbers, the text "Form Approved: OMB No. 0937-0166" and "Expiration date: 4/30/2022" is printed. The title "CONSENT FOR STERILIZATION" is centered. Below the title, a "NOTICE" is printed: "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." At the bottom, there are two sections: "■ CONSENT TO STERILIZATION ■" and "■ STATEMENT OF PERSON OBTAINING CONSENT ■", separated by a vertical line.

25. The surgeons NPI number must be added to the **top left margin** of the consent form.

26. The beneficiary identification number must be added to the **top right margin** of the consent form.

27. The Facility NPI must be added to the **top center** of the consent form. This NPI field is for the facility in which the procedure was performed. To ensure that the facility in which the procedure was performed can make inquiries concerning the consent form status, this field must be populated upon the initial submission of the consent form to DHHS fiscal contractor.

Interpreter Services

- The interpreter's handwritten signature, date of the interpreter's service, and the language used must be documented on the sterilization consent form.
- In lieu of getting the interpreter's signature on the sterilization consent form at the time the service is provided, the interpreter who explains the procedure by telephone may fax or mail an attestation of interpreter services to the provider.

The Interpreter's Attestation

The faxed or mailed attestation requirements are as follows:

- a. The wording of the attestation must be taken directly from the sterilization consent form.
- b. The interpreter shall write his or her signature and the date the interpreter services were rendered on the attestation form.
- c. The dates with the signatures of the beneficiary, interpreter, and person obtaining consent must all be the same.
- d. The attestation form must include the beneficiary's name, as it appears on the Medicaid identification card, as well as the beneficiary identification number.
- e. A copy of the attestation must be attached to the consent form when the provider submits the statement to DHHS fiscal contractor.
- f. The provider shall maintain the original attestation document with the consent form in the beneficiary's health record.

Name Change Statement

- A signed name change statement must be provided to DHHS fiscal contractor when the beneficiary's name listed on the claim is different than the name on the sterilization consent form. The name change statement must verify that the names are for the same person.
- The statement must be written on the provider's office letterhead and include the following information:
 - Provider
 - Provider's address
 - Beneficiary Identification Number

Dr. Any Provider
101 Any Hwy
Any City NC 22222

Medicaid ID Number: 88888888T

To Whom It May Concern:

Jane Beneficiary has changed her name to Jane Doe.

Dr. Any Provider (Signature of representative at provider's office is required)

Submitting Sterilization Consents

Mail the consent to the current DHHS fiscal contractor:

Global Dynamic Integrated Technology (GDIT)

PO Box 30968

Raleigh NC 27622

Upon receipt, DHHS fiscal contractor will review the consent to ensure adherence to federally mandated guideline.

Codes & Modifier

- The only diagnosis code to be considered strictly for elective sterilization is Z30.2, “Encounter for sterilization.”

Note: All claims must be billed with ICD-10-CM diagnosis code Z30.2 as the primary or secondary diagnosis code on the claim.

ICD-10-Code(s)
Z30.2

- All providers, except ambulatory surgical centers, must append **modifier FP** to the procedure code when billing for sterilization procedures. Other modifiers must be used, as applicable

Codes & Modifier

Abbreviation	Written Wording	CPT Code(s)
PBS	Prophylactic Bilateral Salpingectomy	58661, 58700
BPS	Bilateral Partial Salpingectomy	58600, 58661, 58670, 58700
BTF	Bilateral Tubal Fulguration	58670
BTS	Bilateral Tubal Sterilization	58600, 58605, 58611, 58615, 58661, 58670, 58671, 58700
BTC	Bilateral Tubal Cauterization	58670
BTL	Bilateral Tubal Ligation	58600, 58605, 58611, 58615, 58671
BPPS	Bilateral Postpartum Sterilization	58611, 58605
PPBTL	Postpartum Bilateral Tubal Ligation	58611, 58605
LTC	Laparoscopic Tubal Cautery	58670

*Records will need to be submitted when unilateral salpingectomy is performed. They can be sent with the claim up front.

Denied Claims

Sterilizations & associated services will be denied or recouped if the sterilization consent form on file is invalid.

1. Additional Information Required (such as records to verify a procedure code or a date of service), the claim must be resubmitted as an adjustment with the requested documents and a copy of the valid consent form attached.
2. Undocumented Aliens Providers shall:
 - a. submit the claim electronically placing non-emergent charges (such as sterilization) in the Non-Covered column. A printed version of the UB claim must be uploaded with the electronic claim submission
 - b. note the change in the Remarks field.

Note: Failure to complete both the Non-Covered column and the Remarks field will result in denial.

Sterilization Bulletin Updates

- CMS did NOT extend the 180-day signature requirement
- Recommend that you resign them if you are 150 days post-signature
- Must use the FP modifier

Thank you!

If you have any MOM workgroup topic suggestions, please send them to kdeberry@communitycarenc.org



**Next MOM Workgroup meeting:
Thursday Feb. 11th 9:00-9:30.**



Community Care
OF NORTH CAROLINA