

# Sterilization

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## What is sterilization? [Refer to [WAC 182-531-1550\(1\)](#)]

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies and tubal ligations.

**Note:** The agency does **not** pay for hysterectomies performed solely for the purpose of sterilization.

## What are the agency's payment requirements for sterilizations? [Refer to [WAC 182-531-1550\(2\)](#)]

The agency covers sterilization when all of the following apply:

- The client has **voluntarily** given informed consent;
- The client is at least 18 years of age at the time consent is signed;
- The client is a mentally competent individual; and
- At least 30 days, but not more than 180 days, have passed between the date the client gave informed consent and the date of the sterilization.

**Note:** The agency pays providers for sterilizations for managed care clients 18 through 20 years of age under the fee-for-service system. All other managed care clients must obtain their sterilization services from their managed care provider.

The agency pays providers (such as, hospitals, anesthesiologists, surgeons, and other attending providers) for a sterilization procedure only when the completed federally approved Sterilization Consent Form, [HCA 13-364](#), is attached to the claim.

The agency does not accept any other forms attached to the claim. The agency pays after the procedure is completed.

The agency pays providers for epidural anesthesia in excess of the six-hour limit for deliveries if sterilization procedures are performed in conjunction with, or immediately following, a delivery. The agency determines total billable units by:

- Adding the time for the sterilization procedure to the time for the delivery; and
- Determining the total billable units by adding together the delivery base anesthesia units (BAUs), the delivery time, and the sterilization time.

Do not bill the BAUs for the sterilization procedure separately.

## Additional requirements for sterilization of mentally incompetent or institutionalized clients

Providers must meet the following additional consent requirements before the agency will pay the provider for the sterilization of a mentally incompetent or institutionalized client. The agency requires both of the following to be attached to the claim form:

- Court orders that include the following:
  - ✓ A statement that the client is to be sterilized; **and**
  - ✓ The name of the client's legal guardian, who will be giving consent for the sterilization.
- Sterilization Consent Form, [HCA 13-364](#), signed by the client's legal guardian.

## When does the agency waive the 30-day waiting period? [\[WAC 182-531-1550\(3\) and \(4\)\]](#)

The agency does not require the 30-day waiting period, but does require at least a 72 hour waiting period, for sterilization in the following circumstances:

- At the time of premature delivery, the client gave consent at least 30 days before the *expected* date of delivery. The expected date of delivery must be documented on the consent form.
- For emergency abdominal surgery, the nature of the emergency must be described on the consent form.

The agency waives the 30-day consent waiting period for sterilization when the client requests that sterilization be performed at the time of delivery, **and** completes a Sterilization Consent Form, [HCA 13-364](#). One of the following circumstances must apply:

- The client became eligible for Medical Assistance during the last month of pregnancy (**CMS-1500 Claim Form field 19: "NOT ELIGIBLE 30 DAYS BEFORE DELIVERY"**); or
- The client did not obtain medical care until the last month of pregnancy (**CMS-1500 Claim Form field 19: "NO MEDICAL CARE 30 DAYS BEFORE DELIVERY"**); or
- The client was a substance abuser during pregnancy, but is not using alcohol or illegal drugs at the time of delivery. (**CMS-1500 Claim Form field 19: "NO SUBSTANCE ABUSE AT TIME OF DELIVERY."**)

## Health Care Authority

**The provider must note on the CMS-1500 Claim Form in field 19 or on the backup documentation, which of the above waiver condition(s) has been met.** Required language is shown in parenthesis above. Providers who bill electronically must indicate this information in the *Comments* field.

## When does the agency *not* accept a signed Sterilization Consent form? [Refer to [WAC 182-531-1550\(5\) and \(6\)](#)]

The agency does not accept informed consent obtained when the client is in any of the following conditions:

- In labor or childbirth;
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or other substances that affect the client's state of awareness.

## Why do I need an agency-approved Sterilization Consent form?

Federal regulations prohibit payment for sterilization procedures until a federally approved and accurately completed Sterilization Consent Form, HCA 13-364, is received. To comply with this requirement, surgeons, anesthesiologists, and assistant surgeons as well as the facility in which the surgery is being performed must obtain a copy of a completed Sterilization Consent Form, HCA 13-364, to attach to their claim.

***Providers must use Sterilization Consent Form, HCA 13-364, in order for the agency to pay your claim. The agency does not accept any other form.***

(To **download** HCA forms, visit: <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx> and scroll down to form number 13-364.)

The agency will deny a claim for a procedure received without the Sterilization Consent Form, HCA 13-364. The agency will deny a claim with an incomplete or improperly completed Sterilization Consent Form. Submit the claim and completed Sterilization Consent Form, HCA 13-364, to the agency:

<p><b>Health Care Authority PO Box 45530 Olympia WA 98504-5530</b></p>
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## Health Care Authority

HCA encourages electronic billing even if the claim requires backup. If you are submitting your sterilization claim electronically, be sure to include a copy of the consent form, HCA 13-364, as appropriate:

- **DDE claims.** Please attach an electronic image of the consent form with the claim. If you attach an electronic image of the backup, there is no need to mail the paper form.
- **837P claims.** Be sure to indicate in the claim notes field that a consent form is being attached to the claim. Then fax the consent form with the appropriate cover sheet indicating the TCN.

## Who completes the Sterilization Consent form?

- Sections I, II, and III of the Sterilization Consent Form are completed by the client, interpreter (if needed), and the physician/clinic representative more than 30 days, but less than 180 days, prior to date of sterilization. If less than 30 days, refer to page F.2: “When does the agency waive the 30 day waiting period?” and/or section IV of the Sterilization Consent Form.
- The bottom right portion (section IV) of the Sterilization Consent Form is completed shortly before, on, or after the surgery date by the physician who performed the surgery.
- If sections I, II, and III of the initial Sterilization Consent Form are completed by one physician or group, and a different physician or group performed the surgery:
  - ✓ The physician performing the surgery completes another Sterilization Consent Form filling in section IV; and
  - ✓ The client signs and dates lines (7) and (8) of Section I. The client’s date of signature can be the date of surgery or after. It does not have to be the date of the procedure.

Submit both Sterilization Consent Forms with your claim.

## Frequently Asked Questions on billing sterilizations

**1. If I provide sterilization services to Family Planning Only clients along with a secondary surgical intervention, such as lysis of adhesions, will I be paid?**

The scope of coverage for Family Planning Only clients is limited to contraceptive intervention only. The agency does not pay for any other medical services unless they are medically necessary in order for the client to safely, effectively and successfully use or continue to use their chosen birth control method.

Only claims submitted with diagnosis codes in the V25 series (excluding V25.3) will be processed for possible payment. All other diagnosis codes are noncovered and will not be paid.

**Note:** Remember to submit all sterilization claims with the **completed**, federally approved Sterilization Consent Form.

**2. If I provide sterilization services to a Medicaid, full scope of care client along with a secondary surgical intervention, such as lysis of adhesions or Cesarean Section delivery, how do I bill?**

CNP clients have full scope of care and are eligible for more than contraceptive intervention only. Submit the claim with a completed, federally approved Sterilization Consent Form for payment.

If the provider does not have the consent form or it wasn't completed properly or the client was sterilized prior to the 30 days waiting period (client doesn't meet the criteria for the agency to waive the 30 day waiting period) then the sterilization line on the claim will be denied and the other line items on the claim will be processed for possible payment.

## How to complete the Sterilization Consent form

- All information on the Sterilization Consent Form, [HCA 13-364](#), must be legible.
- All blanks on the Sterilization Consent Form, HCA 13-364, must be completed *except* race, ethnicity, and interpreter's statement (unless needed).
- The agency does not accept "stamped" or electronic signatures.

The following numbers correspond to those listed on the Sterilization Consent Form, HCA 13-364:

Section I: Consent to Sterilization	
Item	Instructions
1. Physician or Clinic:	<b>Must be name of physician, ARNP, or clinic that gave client required information regarding sterilization.</b> This may be different than performing physician if another physician takes over. <i>Examples: Clinic – ABC Clinic. Physician – Either doctor's name, or doctor on call at ABC Clinic.</i>
2. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
3. Month/Day/Year:	Must be client's birth date.
4. Individual to be sterilized:	Must be client's first and last name. Must be same name as Items #7, #12, and #18 on Sterilization Consent Form, HCA 13-364.
5. Physician:	Can be group of physician or ARNP names, clinic names, or physician or ARNP on call at the clinic. This doesn't have to be the same name signed on Item # 22.
6. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
7. Signature:	Client signature. Must be client's first and last name. Must be same name as Items #4, #12, and #18 on Sterilization Consent Form, HCA 13-364. Must be signed in ink.

<b>Section I: Consent to Sterilization</b>	
<b>Item</b>	<b>Instructions</b>
8. Month/Day/Year:	<p>Date of consent. Must be date that client was initially counseled regarding sterilization.</p> <p>Must be more than 30 days, but less than 180 days, prior to date of sterilization (Item # 19). <b>Note:</b> This is true even of shorter months such as February.</p> <p>The first day of the 30 day wait period begins the day after the client signs and dates the consent form, line #8.</p> <p>Example: If the consent form was signed on 2/2/2005, the client has met the 30-day wait period on 3/5/2005.</p> <p>If less than 30 days, refer to “When does the agency waive the 30 day waiting period?” and section IV of Sterilization Consent Form, HCA 13-364.</p>
<b>Section II: Interpreter’s Statement</b>	
<b>Item</b>	<b>Instructions</b>
9. Language:	<b>Must specify language into which sterilization information statement has been translated.</b>
10. Interpreter:	Must be interpreter’s name. <b>Must be interpreter’s original signature in ink.</b>
11. Date:	Must be date of interpreter’s statement.
<b>Section III: Statement of Person Obtaining Consent</b>	
<b>Item</b>	<b>Instructions</b>
12. Name of individual:	Must be client’s first and last name. Must be same name as Items #4, #7, and #18 on Sterilization Consent Form.
13. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
14. Signature of person obtaining consent:	Must be first and last name signed in ink.
15. Date:	Date consent was obtained.
16. Facility:	Must be full name of clinic or physician obtaining consent. Initials are acceptable.
17. Address:	Must be physical address of physician’s clinic or office obtaining consent.

Section IV: Physician's Statement	
Item	Instructions
18. Name of individual to be sterilized:	Must be client's first and last name. Must be same name as Items #4, #7, and #12 on Sterilization Consent Form, HCA 13-364.
19. Date of sterilization:	Must be more than 30 days, but less than 180 days, from client's signed consent date listed in Item #8. If less than 30 days, refer to "When does the agency waive the 30 day waiting period?" and section IV of the Sterilization Consent Form, HCA 13-364.
20. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
21. Expected date of delivery:	When premature delivery box is checked, this date must be <i>expected</i> date of delivery. Do not use actual date of delivery.
22. Physician:	Physician's or ARNP's signature. Must be physician or ARNP who <b>actually</b> performed sterilization procedure. Must be signed in ink. Name must be the same name as on the claim submitted for payment.
23. Date:	Date of physician's or ARNP's signature. Must be completed either shortly before, on, or after the sterilization procedure.
24. Physician's printed name	Please print physician's or ARNP's name signed on Item #22.

## How to complete the Sterilization Consent form for a client age 18-20

1. Use Sterilization Consent Form, [HCA 13-364](#).
2. Cross out "**age 21**" in the following three places on the form and write in "**18**":
  - a. Section I: Consent to Sterilization: "**I am at least 21...**"
  - b. Section III: Statement of Person Obtaining Consent: "**To the best of my knowledge... is at least 21...**"
  - c. Section IV: Physician's Statement: "**To the best of my knowledge... is at least 21...**"





# SAMPLE STERILIZATION CONSENT FORM

NOTE: 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.

## SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu  
Physician or Clinic

When I first asked 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 Aid to Families with Dependent Children (AFDC) 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

(2) tubal ligation The discomforts, risks, and  
Specify type of operation

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 thirty (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) August 1, 1971  
Month Day Year

I (4) Jane Doe hereby consent of my own  
Individual to be sterilized

free will to be sterilized by (5) Dr. Tim Lu  
Physician

by a method called (6) tubal ligation My consent  
Specify type of operation

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 that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) August 20, 2001  
Signature Month Day Year

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

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Asian or Pacific Islander ☐ Hispanic  
☐ White (not of Hispanic origin)

## SECTION II: 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 (9) \_\_\_\_\_ language and explained

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

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
Interpreter Date

DSHS 13-364 (Rev. 12/2002)

## SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I  
Name of individual

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

(13) tubal ligation the fact that it is intended to be  
Specify type of operation

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.

(14) \_\_\_\_\_ (15) August 20, 2001  
Signature of person obtaining consent Date

(16) US Clinic  
Facility

(17) PO Box 123, Anywhere, WA 98000  
Address

## SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001  
Name of individual to be sterilized Date of sterilization operation

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

(20) tubal ligation The fact that it is intended to be  
Specify type of operation

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 paragraphs: 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 thirty (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 thirty (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 (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) October 1, 2001  
Physician's Signature Date

(24) Dr. Tim Lu  
Physician's Printed Name



## STERILIZATION CONSENT FORM

NOTE: 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.

SECTION I: CONSENT TO STERILIZATION	SECTION III: STATEMENT OF PERSON OBTAINING CONSENT						
<p>I have asked for and received information about sterilization from</p> <p>(1) <u>Dr. Tim Lu</u> <i>Physician or Clinic</i></p> <p>When I first asked 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 Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.</p> <p>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.</p> <p>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</p> <p>(2) <u>tubal ligation</u> <i>Specify type of operation</i></p> <p>The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.</p> <p>I understand that the operation will not be done until at least thirty (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.</p> <p>I am at least 21 18 years of age and was born on (3) <u>August 1, 1984</u> <i>Month Day Year</i></p> <p>I (4) <u>Jane Doe</u> <i>Individual to be sterilized</i> hereby consent of my own free will to be sterilized by (5) <u>Dr. Tim Lu</u> <i>Physician</i> by a method called (6) <u>tubal ligation</u> <i>Specify type of operation</i> My consent expires 180 days from the date of my signature below.</p> <p>I also consent to the release of this form and other medical records about the operation to:</p> <ul style="list-style-type: none"> <li>• Representatives of the Department of Health and Human Services; or</li> <li>• Employees of programs or projects funded by that department but only for determining if Federal laws were observed.</li> </ul> <p>I have received a copy of this form.</p> <p>(7) _____ (8) <u>August 20, 2001</u> <i>Signature Month Day Year</i></p> <p>You are requested to supply the following information, but it is not required. <i>Race and ethnicity designation (please check):</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Black (not of Hispanic origin)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Asian or Pacific Islander</td> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td></td> <td><input type="checkbox"/> White (not of Hispanic origin)</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black (not of Hispanic origin)	<input checked="" type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic		<input type="checkbox"/> White (not of Hispanic origin)	<p>Before (12) <u>Jane Doe</u> <i>Name of individual</i> signed the consent form, I explained to him/her the nature of the sterilization operation,</p> <p>(13) <u>tubal ligation</u> <i>Specify type of operation</i> the fact that it is intended to be a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.</p> <p>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.</p> <p>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.</p> <p>To the best of my knowledge and belief, the individual to be sterilized is at least 21 18 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.</p> <p>(14) _____ (15) <u>August 20, 2001</u> <i>Signature of person obtaining consent Date</i></p> <p>(16) <u>US Clinic</u> <i>Facility</i></p> <p>(17) <u>PO Box 123, Anywhere, WA 98000</u> <i>Address</i></p>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black (not of Hispanic origin)						
<input checked="" type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic						
	<input type="checkbox"/> White (not of Hispanic origin)						
<h3>SECTION IV: PHYSICIAN'S STATEMENT</h3> <p>Shortly before I performed a sterilization operation upon</p> <p>(18) <u>Jane Doe</u> (19) <u>October 1, 2001</u> <i>Name of individual to be sterilized Date of sterilization operation</i></p> <p>I explained to him/her the nature of the sterilization operation</p> <p>(20) <u>tubal ligation</u> <i>Specify type of operation</i> The fact that it is 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 18 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.</p> <p><i>(Instructions for use of alternative final paragraphs: 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.)</i></p> <p>(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.</p> <p>(2) This sterilization was performed less than thirty (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.)</p> <p><input type="checkbox"/> Premature delivery Individual's expected date of delivery (21) _____</p> <p><input type="checkbox"/> Emergency abdominal surgery (describe circumstances)</p> <p>(22) _____ (23) <u>October 1, 2001</u> <i>Physician's Signature Date</i></p> <p>(24) <u>Dr. Tim Lu</u> <i>Physician's Printed Name</i></p>							
<h3>SECTION II: INTERPRETER'S STATEMENT</h3> <p>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 (9) _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.</p> <p>(10) _____ (11) _____ <i>Interpreter Date</i></p>							

DSHS 13-364 (Rev. 12/2002)

## Hysteroscopic sterilizations

The agency pays for hysteroscopic sterilizations for women when the following criteria are met:

- An agency-approved device is used. The agency has only approved the ESSURE® device which is placed at the time of the procedure;
- The procedure is predominately performed in a clinical setting such as a physician's office, without general anesthesia and without the use of a surgical suite; and is covered according to the corresponding agency fee schedule;
- The client provides informed consent in accordance with this section, including the use of the Sterilization Consent form, [HCA 13-364](#), for the procedure; and
- The hysteroscopic sterilization is performed by an agency-approved provider who:
  - ✓ Has a core provider agreement with the agency;
  - ✓ Is nationally board certified in obstetrics and gynecology (OB-GYN);
  - ✓ Is privileged at a licensed hospital to do hysteroscopies;
  - ✓ Has successfully completed Conceptus, Inc. manufacturer's training for the device;
  - ✓ Has successfully performed a minimum of 20 hysteroscopies; and
  - ✓ Has established screening and follow-up protocols for clients being considered for hysteroscopic sterilization.
- To become an agency-approved provider for hysteroscopic sterilizations, interested providers must send the agency the following:
  - ✓ Documentation of successful completion of the Conceptus, Inc. manufacturer's training;
  - ✓ Documentation demonstrating privilege at a licensed hospital to perform hysteroscopies;
  - ✓ Documentation attesting to having successfully performed twenty or more hysteroscopies;
  - ✓ A copy of National Board Certification; and
  - ✓ Office protocols for screening and follow-up.

Please mail documentation to:

Physician's Program Manager – Attention: ESSURE Documentation  
Medical Purchasing Administration  
PO Box 45506  
Olympia WA 98506

## **Health Care Authority**

A provider will be able to perform and bill for the procedure after receiving an approval letter from the agency which provides additional billing details. A [list](#) of agency-approved providers will be posted online under the heading “[Medicaid - Centers of Excellence](#).” Only providers on this list can bill and be paid for hysteroscopic sterilizations.

If there are questions regarding this process, please contact the Physician’s Program Manager at 360.725.1570.