C Family Planning

Family planning services are services provided to prevent or delay pregnancy.

C.1 Eligible Individuals

Eligible individuals are those females of childbearing age 8 through 55 years of age and males of any age who may be sexually active and meet the criteria for Medicaid eligibility. Family planning services **do not require a referral** for recipients in Medicaid's Managed Care programs.

Reimbursement will be made only for eligible Medicaid recipients. Eligibility should be verified **prior to rendering** services to **ANY** Medicaid recipient.

Maternity Care eligible Medicaid women are covered for family planning services through the last day of the 12th postpartum month.

Plan First

The Plan First Program is an 1115 Demonstration Waiver approved by the Centers for Medicare and Medicaid Services that extends family planning coverage for eligible women ages 19 through 55 and men age 21 or older, for vasectomy/vasectomy related services and care coordination. Please refer to the section, Plan First, for additional information.

C.1.1 Authorization for Recipient Services

The recipient must have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary on the part of the recipient and without any form of duress or coercion applied to gain such acceptance. Recipients are required to give written or verbal consent prior to receiving family planning services. For any face-to-face encounter a written consent is required. For any telephonic encounter a verbal consent is required. **A recipient consent for services must be obtained at each Family Planning visit. A sign-in logbook may be used after the initial consent form has been signed.**

Age of Consent

Family planning services are available to:

- Females, any age, after onset of menses. If age 14 or over, no parental or other consent is required.
- Males, any age. If age 14 or over, no parental or other consent is required.
- If a child is under the age of 14, whether they are sexually active or not, parental consent is required.

C.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

C.2.1 Family Planning Visits

PT+3 Teaching Method

All family planning counseling must utilize the **PT+3 teaching method**, after the provider has received training. The acronym, PT+3, means:

P = Personalize the PROBLEM,
T = "TAKLE" the problem
T = set a Therapeutic Tone,
A = Assess the knowledge level of the recipient,
K = provide Knowledge
L = Listen for feedback,
E = Elaborate or reeducate as needed.

+3 = Summarize the teaching session into three essential points.

At all points during the counseling and education process, the recipient must be given the information in such a way as to encourage and support the exercise of choice. In order to support informed choice, certain informational elements should be offered. Due to the constraint of time, the topics are listed in order of priority. Priority One includes those topics that MUST be DISCUSSED with the recipient. Priority Two includes those topics that can be presented to the recipient in a written document, with verbal follow-up. Priority Three includes those topics that can be presented in written format only, with follow-up occurring should the recipient need/desire further clarification.

At all times, the PT+3 method of teaching/counseling should be used so that time is targeted toward individual recipient need.

Priority One Topics:

1. Recipient expressed needs or problems
2. Contraception:
    a. Listing of the various options
    b. How to use
    c. Side effect management
3. Prevention of STDs including HIV
4. Breast or testicular inspection and self-awareness

Priority Two Topics

1. Explanation of any screening or lab testing done
2. Services offered
3. Telephone number of office or instructions about accessing emergency care
4. Folic Acid

Priority Three Topics

1. Need for Mammogram
2. Anatomy and physiology

Family Planning Protocols – Educational

		INIT	AN	Per	EXT/C	Home
Counseling Using PT + 3 Teaching Method						
Priority One	*Recipient expressed needs or problems*	X	X	X	X	X
	Contraceptives: **** Listing of the various options* ****How to use* **** Side effect management*	X	X	CI	X	X
	Prevention of STDs including HIV	X	X	CI	X	CI
	Breast or testicular inspection and self-awareness	X	X	X	X	X
Priority Two	*Explanation of any screening or lab testing done*	X	X	X	X	X
	Services offered	X	X			
	Telephone number of office or instructions regarding the accessing of emergency care	X	X	X	X	X
	Folic Acid	X	X			
Priority Three	*Need for Mammogram*	X	X			
Optional	Anatomy and physiology	CI	CI	CI	CI	CI

***Topic priority explanations: Priority One** includes those topics that MUST be discussed with the recipient. All recipient concerns fall in this area. **Priority Two** includes those topics that can be presented to the patient in a written document, with verbal follow-up. **Priority Three** includes those topics that can be presented in written format only, with verbal clarification done if needed or desired by the recipient. At all times, if the recipient wants to discuss a topic, the opportunity should be provided.

NOTE:

Per ACOG Practice Bulletin Number 179 of July 2017 (*reaffirmed 2021*);
breast self-examination is no longer recommended in average-risk women because there is a risk of harm from false-positive test results and a lack of evidence of benefit.
Unlike breast self-examination, breast self-awareness does not include a recommendation for women to examine their breasts in a systematic way or on a routine basis. Rather, it means that a woman should be attuned to noticing a change or potential problem with her breasts.
Although breast self-examination is no longer recommended, evidence on the frequency of self-detection of breast cancer provides a strong rationale for breast self-awareness in the detection of breast cancer.
https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2018/08/cervical-cancer-screening-update

https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women

The following services are covered services when provided by Family Planning providers.

Initial Visit (99205-FP)

The initial visit is the first time a Plan First or Family Planning recipient receives family planning services. An initial visit is limited to one per provider per recipient per lifetime.

The initial visit requires the establishment of medical records, an in-depth evaluation of an individual including a complete physical exam, establishment of baseline laboratory data, contraceptive and sexually transmitted disease prevention counseling, and issuance of supplies or prescription. Counseling in the family planning setting is interactive and includes education. Counseling/education topics must be based on recipient's need and on protocol requirements.

Billable laboratory services **for the initial visit may include:**

- Hemoglobin or hematocrit,
- Urinalysis,
- Pap smear according to current, nationally recognized clinical guidelines,
- STD/HIV test, and
- Pregnancy testing.

Since a family planning visit may be the only medical encounter a female has, **performing the above laboratory tests is encouraged at the initial and annual visits.** Any laboratory procedure performed within the past 30 days with available results need not be repeated.

Pregnancy testing is a covered service during any visit where clinical indication is present and evaluation is needed.

NOTE:

Pap smears, not technically related to any contraceptive method, may be provided accordingly to the current standard of care and schedule. Providers must have and follow a Pap smear protocol based on the guidelines of a nationally recognized organization, such as the American College of Obstetrics and Gynecology (ACOG), the American Cancer Society (ACS), or the U.S. Preventive Services Task Force (USPSTF). These guidelines can be accessed at the following links:

https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2018/08/cervical-cancer-screening-update

https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening

The **physical assessment** is another integral part of the initial family planning visit. The following services, at a minimum, **must** be provided during the initial visit:

- Height, blood pressure, and weight check
- Thyroid palpation
- Breast and axilla examination accompanied by instruction for self-breast inspection
- Abdominal examination and liver palpation
- Auscultation of heart and lungs
- Pelvic evaluation to include bimanual and recto-vaginal examination with cervical visualization
- Examination of extremities for edema and varicosity
- Testicular, genital, and rectal inspection for males.

Annual Visit (99214-FP)

The annual visit is the re-evaluation of an established Plan First or Family Planning recipient requiring an update to medical records, interim history, complete physical examination, appropriate diagnostic laboratory tests and/or procedures, family planning counseling using PT+3 teaching method, and adjustment of contraceptive management as indicated. An annual visit is **limited to one per calendar year**.

The services listed below must be provided during the annual visit:

- Updating of entire history and screening, noting any changes
- Counseling and education, as necessary, using the PT+3 teaching method
- Complete physical assessment

  The **physical assessment** is another integral part of the annual family planning visit. The following services, at a minimum, **must** be provided during the annual visit:
  - Height, blood pressure, and weight check
  - Thyroid palpation
  - Breast and axilla examination accompanied by instruction for self-breast examination
  - Abdominal examination and liver palpation
  - Auscultation of heart and lungs
  - Pelvic evaluation to include bimanual and recto-vaginal examination with cervical visualization
  - Examination of extremities for edema and varicosity
  - Testicular, genital, and rectal examination for males.
- Issuance of supplies or prescription.

Billable laboratory services **for the annual visit may include:**

- Hemoglobin or hematocrit,
- Urinalysis,
- Pap smear, according to current, nationally recognized clinical guidelines,
- STD/HIV test, and

- Pregnancy testing.

Periodic Revisit (99213-FP)

The periodic revisit is a follow-up evaluation of an established Plan First or Family Planning recipient with a new or existing family planning condition. Four periodic visits are available per calendar year. These visits are available for multiple reasons such as contraceptive changes, issuance of supplies, or contraceptive problems (e.g. breakthrough bleeding or the need for additional guidance). Providers may utilize the appropriate Z304 diagnosis code for ICD-10, "Surveillance of previously prescribed contraceptive methods," for a visit related to a contraceptive problem.

The following services, at a minimum, must be provided during the periodic revisit:

- Weight and blood pressure
- Interim history
- Symptom appraisal as needed
- Documentation of any treatment/counseling including administration/issuance of contraceptive supplies.

NOTE:
Family Planning visits are not payable after sterilization.

Home Visit (99347-FP)

The home visit is a brief evaluation by a medical professional in the home of an established recipient and is for the purpose of providing contraceptive counseling (using the PT+3 teaching method) and administration/**issuance of supplies** as indicated. **The home visit is for postpartum women during the postpartum period and usually occurs within 7-14 days after delivery. A home visit is not a covered service for recipients with Plan First eligibility and can only be provided as a family planning service by Medicaid eligible family planning providers to eligible recipients.**

To qualify for reimbursement for the home visit:

- Medical professionals who are licensed to administer medications such as oral contraceptives or to give injections must provide the home visit.
- The home visit must include: brief medical histories: family, medical, contraceptive, and OB/GYN, blood pressure and weight check, contraceptive education and counseling using the PT+3 teaching method assuring that the recipient:
  - understands how to use the method selected,
  - how to manage side effects/adverse reactions,
  - when/whom to contact in case of adverse reactions, and the importance of follow-up.
  - scheduling of a follow-up visit in the clinic if needed
  - issuance or prescription of contraceptive supplies as appropriate.

The recipient must give her signed consent for this visit.

Extended Family Planning Counseling Visit (99212-FP)

The extended family planning counseling visit is a separate and distinct service consisting of a minimum of 10 face-to-face minutes of extended contraceptive counseling using the PT+3 teaching method. The extended family planning counseling visit is for postpartum women and is performed in conjunction with the 6-week postpartum visit in the office/clinic setting. The counseling services are those provided above and beyond the routine contraceptive counseling that is included in the postpartum visit. The purpose of this additional counseling time is to take full advantage of the window of opportunity that occurs just after delivery when the physical need for pregnancy delay is at a peak. An extended family planning counseling is limited to once during the post-partum period and is not available for women who have undergone a sterilization procedure or Plan First eligible recipients on the Plan First Program. It is not a covered service for recipients with Plan First eligibility and can only be provided as a family planning service by Medicaid eligible family planning providers to eligible recipients**.**

The following services are required:

- Contraceptive counseling and education
- STD/HIV risk screening and counseling, and
- Issuance of contraceptive supplies.

NOTE:

In the event of a premature delivery or miscarriage, the EDC, "Expected Date of Confinement", must be documented on the claim form in block 19 in order to be reimbursed for procedure code 99212-FP.

All visits must be documented in the recipient's chart and reflective of the treatment and care provided.

STD/HIV Risk Screening and (Pre-HIV test) Counseling (99401, Diagnosis Code Z309 [ICD-10])

STD/HIV screening, counseling, and testing is necessary to identify possibly infected persons who will benefit from medical treatment and to support and encourage all persons to practice responsible sex. Recipients who contract an STD are at greater risk of contracting HIV. Those who are HIV positive and contract an STD have a much greater chance of transmitting HIV. The best way to prevent HIV is to prevent an STD. For this reason, emphasis is being placed on STD/HIV screening and counseling in lieu of HIV testing only. The HIV pre-test counseling code will be used even though this activity is performed in conjunction with STD/HIV risk counseling.

Basic requirements of STD/HIV screening and counseling are:

1. Determine degree of risk
2. Intervene with education and counseling
3. Test for STD/HIV as clinically indicated
4. Screen for risk at the initial and annual visit or as clinically indicated
5. Document using Form 189 (STD/HIV Risk Screening and Intervention Tool)

Requirements Detailed:

- Determine degree of risk.
- Screen for STD/HIV risk using the screening tool provided. See Attachments for a reproducible copy.
- Intervene with education and counseling.
    a. Risk Level I - No risk factors identified. Minimal counseling required.
    b. Risk Level II - At Risk – Due to exposure to blood or blood products only. Limited counseling required.
    c. Risk Level III - One or more risk factors present: Prevention Counseling required using the PT+3 method.
- Test for STD/HIV as indicated by screening results and clinical symptoms.
- Document using the Form 189 (STD/HIV Risk Screening and Intervention Tool)
- Screen for risk at the initial and annual visit or as clinically indicated.

At a minimum, screening for STD/HIV risk is to be done at these visits, however screening and offering STD/HIV testing should be done as clinically indicated.

Please note that the pre-test counseling may be billed regardless of whether the counseling session results in the drawing of blood or of STD/HIV testing.

STD/HIV Post-Test Counseling (99402, Diagnosis Code Z309 [ICD-10])

Post-test counseling is performed to provide the recipient with test results. When STD testing results in a positive finding, the recipient should be called in and told of test results and treated immediately. A plan of notification of partners with treatment should be developed. Counseling should focus on immediate treatment and future prevention efforts.

Post-test counseling for HIV testing, if negative, should emphasize and reinforce the HIV prevention message imparted during the pre-test counseling session. If positive results are obtained, this counseling visit should focus on:

- the meaning of the test result,
- assisting with the emotional consequences of learning the result,
- providing a referral for and stressing the importance of getting into medical care as soon as possible,
- developing a plan to prevent transmission of HIV,
- developing a plan for notification of partners, and
- justification, if needed, for a second post-test counseling visit.

Should a second post-test visit be necessary, requirements for this second session are the same as those above. Forms for documentation of HIV testing and post-test counseling are available in reproducible form in the Attachment section. (Form 189- STD/HIV Risk Screening and Intervention Tool).

NOTE:

Counseling is limited to two counseling services per recipient each calendar year and must be performed in conjunction with a family planning visit. This means Medicaid will pay for a total of two counseling services. The recipient can have two services of 99401; or two services of 99402 or one service of 99401 and one service of 99402 in the same calendar year. Once two counseling services (99401 or 99402) are paid for the recipient for the year, Medicaid will not pay for additional counseling services for that calendar year.

BMI Requirements

Family Planning providers that bill procedure codes 99202-99205, 99211-99215, and 99242-99245 must include a BMI diagnosis on the claim or the claim will be denied. In instances where a BMI cannot be determined (e.g., wheelchair bound recipients) an override request may be submitted after the claim has been filed and denied. See Chapter 40 for Override request procedures.

The table below provides a description of procedure codes and ICD-10 codes that require a percentile on the CMS 1500 claim form for **recipient's age 8-19 years**:

Procedure Code Description	ICD-10 Diagnosis Code Description for Ages 8-19
99202 Office/Outpatient Visit New 99203 Office/Outpatient Visit New 99204 Office/Outpatient Visit New 99205 Office/Outpatient Visit New 99211 Office/Outpatient Visit Est 99212 Office/Outpatient Visit Est 99213 Office/Outpatient Visit Est 99214 Office/Outpatient Visit Est 99215 Office/Outpatient Visit Est 99242 Office Consultation 99243 Office Consultation 99244 Office Consultation 99245 Office Consultation	Z6851 BMI Pediatric, Less Than 5th Percentile for Age Z6852 BMI Pediatric, 5th Percentile to Less Than 85% for Age Z6853 BMI Pediatric, 85% To Less Than 95th Percentile for Age Z6854 BMI Pediatric, Greater Than or Equal To 95% for Age

The table below provides a description of procedure codes and ICD-10 codes that require a BMI on the CMS 1500 claim form for **recipients age 20 and older**:

Procedure Code Description	ICD-10 Diagnosis Code Description For Ages 20 and Older
99202 Office/Outpatient Visit New 99203 Office/Outpatient Visit New 99204 Office/Outpatient Visit New 99205 Office/Outpatient Visit New 99211 Office/Outpatient Visit Est 99212 Office/Outpatient Visit Est 99213 Office/Outpatient Visit Est 99214 Office/Outpatient Visit Est 99215 Office/Outpatient Visit Est 99242 Office Consultation 99243 Office Consultation 99244 Office Consultation 99245 Office Consultation	Z681 Body Mass Index (BMI) 19 Or Less, Adult Z6820 Body Mass Index (BMI) 20.0-20.9, Adult Z6821 Body Mass Index (BMI) 21.0-21.9, Adult Z6822 Body Mass Index (BMI) 22.0-22.9, Adult Z6823 Body Mass Index (BMI) 23.0-23.9, Adult Z6824 Body Mass Index (BMI) 24.0-24.9, Adult Z6825 Body Mass Index (BMI) 25.0-25.9, Adult Z6826 Body Mass Index (BMI) 26.0-26.9, Adult Z6827 Body Mass Index (BMI) 27.0-27.9, Adult Z6828 Body Mass Index (BMI) 28.0-28.9, Adult Z6829 Body Mass Index (BMI) 29.0-29.9, Adult Z6830 Body Mass Index (BMI) 30.0-30.9, Adult Z6831 Body Mass Index (BMI) 31.0-31.9, Adult Z6832 Body Mass Index (BMI) 32.0-32.9, Adult Z6833 Body Mass Index (BMI) 33.0-33.9, Adult Z6834 Body Mass Index (BMI) 34.0-34.9, Adult Z6835 Body Mass Index (BMI) 35.0-35.9, Adult Z6836 Body Mass Index (BMI) 36.0-36.9, Adult Z6837 Body Mass Index (BMI) 37.0-37.9, Adult Z6838 Body Mass Index (BMI) 38.0-38.9, Adult Z6839 Body Mass Index (BMI) 39.0-39.9, Adult Z6841 Body Mass Index (BMI) 40.0-44.9, Adult Z6842 Body Mass Index (BMI) 45.0-49.9, Adult Z6843 Body Mass Index (BMI) 50-59.9, Adult Z6844 Body Mass Index (BMI) 60.0-69.9, Adult Z6845 Body Mass Index (BMI) 70 or Greater, Adult

C.2.2 Family Planning Protocols-Clinical

Visits		*INIT*	*AN*	*PER*	*EXT/C*	*HOME*
Consent for Services		*X*	*X*	*X*	*X*	*X*
History						
	Family	X	X			X
	Med/Surg/OB-GYN	X	X			X
	Contraceptive	X	X			X
	STD/HIV screening	X	X	CI	CI	CI
	Interim		X	X		
Blood Pressure		X	X	X		X
Weight		X	X	X		X
Height		X	X			
Physical Exam						
	Skin/General appearance	X	X	CI		
	Eyes/ENT	X	X	CI		
	Head/Neck/Thyroid	X	X	CI		
	Nodes	X	X	CI		
	Heart/Lungs	X	X	CI		
	Breast/SBE	X	X	CI		
	Abdomen	X	X	CI		
	Extremities/Back	X	X	CI		
	External genitalia	X	X	CI		
	Glands	X	X	CI		
	Vagina	X	X	CI		
	Cervix	X	X	CI		
	Uterus size/shape	X	X	CI		
	Adnexa	X	X	CI		
	Recto-vaginal	X	X	CI		
	Rectum	X	X	CI		
Laboratory						
	HGB or HCT	CI	CI	CI		
	Urinalysis	CI	CI	CI		
	Pap smear (according to current recommendations)	CI	CI	CI		
	STD tests including HIV	CI	CI	CI		
	Pregnancy testing	CI	CI	CI		

CI - As clinically indicated

X - Required

C.2.3 Referrals

Family planning providers shall be responsible for referring the recipient to the proper resource, and for ensuring that the recipient is accepted by the resource to which they are referred, in the following circumstances:

a. Medical/GYN problems indicated by history, physical examination, or laboratory and clinical tests, including the removal of implantable contraceptive capsules.
b. Pregnancy related services.

C.2.4 Family Planning Drugs

Medically approved pharmaceutical supplies and devices, such as oral contraceptive pills, contraceptive patches, intrauterine devices, diaphragms, injections and implants are covered if provided for family planning purposes.

C.3 Sterilization

Counseling services involving complete information regarding male/female sterilization procedures shall be provided for the individual or couple requesting such services. These counseling services may be provided during any contraceptive visit to the office/clinic. Counseling and education should use the PT+ 3 teaching method. Full information concerning alternative methods of contraception will be discussed with the recipient.

NOTE:

The recipient is to be made aware that sterilization is considered permanent and irreversible and Medicaid does not cover the reversal of a voluntary sterilization. A "Consent to Sterilization" is a **Federal required form**. The sterilization consent form is included with a sterilization booklet given to the recipient.

Counseling related to sterilization **must** include:

- Assessment of base knowledge level of the reproductive process/sterilization procedure.
- Instruction as needed.
- Listing and discussion of all reversible contraceptive methods.
- Information stressing that the sterilization procedure is considered irreversible.
- Complete explanation of the sterilization procedures using charts or body models.
- Complete information concerning possible complications and failure rates.
- Information regarding the relative merits of male versus female sterilization given to both partners, if possible.
- Information explaining that sterilization does not interfere with sexual function or pleasure.

The counselor shall in no way coerce or “talk the recipient into being” sterilized.

C.3.1 Contraindications to Sterilization

The following conditions shall be considered contraindications for voluntary sterilization:

- The recipient has physical, mental, or emotional conditions that could be improved by other treatment.
- The recipient is mentally incompetent or institutionalized, regardless of age.
- The recipient is suffering from temporary economic difficulties that may improve.
- The recipient or couple feels that they are not yet ready to assume the responsibilities of parenthood.
- The recipient expresses possible wish to reverse the procedure in case of a change of circumstances.

NOTE:

If sterilization is not desired, alternate methods of contraception must be discussed.

C.3.2 General Rules

Surgical procedures for male and female recipients as a method of birth control are covered services under the rules and regulations as stated in the *Alabama Medicaid Agency Administrative Code,* Chapter 14, Rule No. 560-X-14-.04, and as set forth below.

a. The recipient must be eligible for Medicaid at the time the procedure is performed.
b. The recipient is at least 21 years old at the time informed consent is obtained.
c. The recipient is mentally competent.
d. The recipient has voluntarily given informed consent in accordance with all requirements.
e. At least 30 days, but not more than 180 days, have passed between the date of signed informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery.
f. A recipient may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since he/she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days prior to EDC (expected date of delivery). If the recipient decides to be sterilized, the provider must be responsible for referring the recipient to the proper medical source and for ensuring that the recipient is accepted by that resource.

In addition, the provider shall:

a. Inform the recipient that, in accordance with federal regulations, a 30-day waiting period is required between the time the consent form is signed and the procedure is performed.
b. Provide information and instructions concerning the need for follow-up, particularly for male recipients.
c. Provide appropriate post-operative semen analysis for vasectomy recipients.

NOTE:

Payment is not available for the sterilization of a mentally incompetent or institutionalized individual. Federal regulations prohibit Medicaid coverage of sterilization for anyone less than 21 years of age.

C.3.3 Digital Submission of the Sterilization Consent Form and Supporting Documentation

Effective October 26, 2016, providers will be able to upload or fax their fillable Sterilization Consent Forms and supporting documentation for review and processing via the Forms menu of the Alabama Medicaid Interactive Web Portal. A new form will allow providers the ability to upload Consent Forms and supporting documents in PDF format or create a fax barcode cover sheet from the Web Portal. Providers may submit additional documentation via fax at a later time and have that documentation combined with original document through the use of the same barcode cover sheet.

The provider must submit a copy of the recipient's signed sterilization consent form and supporting documentation to Gainwell via Provider Web Portal upload or fax at: (334) 215-7416.

Refer to Chapter 5, Filing Claims, for instructions on the digital submission of the Sterilization Consent Form and supporting documentation.

IMPORTANT NOTE:

The electronic fillable Sterilization Consent form and supporting documentation will be accepted in paper format via mail or fax **until November 27, 2016** at the following address and fax number:

Gainwell

Attention: Medical Policy Unit/Consent Forms

P.O. Box 244032, Montgomery Alabama 36124-4032

Fax Number: (334) 215-7416

After that date, consent forms and supporting documentation submitted to Gainwell on paper will be returned to the provider.

Electronic Fillable Version Sterilization Consent Form

An electronic fillable version of the Sterilization Consent Form is available on the Alabama Medicaid's website at the following link: http://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.3_Consent_Forms/9.4.3_Form_193_Consent_Sterilization_Fillable_9-26-16.pdf

The electronic fillable version must be printed to complete the signatures and dates. All signature and dates must be completed in black ink to ensure faxed copies are legible. Only electronic fillable Sterilization Consent Forms, signatures and dates completed in blank ink will be accepted by Gainwell. Handwritten Sterilization Consent Forms will not be accepted via fax.

Reference the Sterilization Consent Form Detailed Instructions Guide for additional information.

Details Regarding the Completion of the Sterilization Consent Form

Sterilization forms must be legible, complete and accurate. Gainwell will NOT pay any claims to ANY provider until a correctly completed appropriate form is on file at Gainwell.

All blanks on the consent form **must be** appropriately **completed** before Medicaid pays the provider for the sterilization procedure.

Consent forms submitted to Gainwell with missing and/or invalid information in non-correctable fields **(recipient's signature and date recipient signed, signature of the person obtaining consent and date person obtaining consent signed, and interpreter's signature and date interpreter signed, if an interpreter is used)** of the consent form will be denied by Gainwell and not returned to the provider. **Revisions to non-correctable fields are not accepted for any reason**. Before sending the consent form to Gainwell, it is imperative that the date of surgery be clarified by reviewing the operative note to remedy claim denials due to incorrect date of surgery.

NOTE:

When the claim for the sterilization procedure is submitted to Gainwell, the claim will suspend in the system for 35 days waiting for the approved consent form to be entered. The Saturday after the claim is keyed into the system, it will check to see if the consent form has been entered. It will check the system each Saturday, up to 35 days, for the approved consent form. After the 35th day, the claim will deny for no consent form on file. If the approved consent form is found in the system during the 35 days, it will process the claim on the Saturday it finds the form.

The sterilization consent forms shall be completed as follows.

a. The counselor must thoroughly explain the sterilization procedure to the recipient.
b. The “Consent to Sterilization” must be signed by the person to be sterilized at least 30 days prior to the procedure date. The birth date must indicate the person to be at least 21 years of age on the date the signature was obtained.
c. The person obtaining consent (counselor) and the title for that person (e.g., M.D., D.O., R.N., L.P.N., C.R.N.P., C.N.M.W.), if applicable, must be indicated on the consent form.
d. The counselor’s original signature with date, as well as the recipient’s signature with date, shall reflect that at least 30 days, but not more than 180 days, have passed prior to the procedure being performed. The counselor may sign the consent form on the same day as the recipient or after the recipient signs the consent form and prior to the date of the procedure.
e. If no interpreter is used, this section of the form must be marked as “Not Applicable” (N/A). If the “Interpreter’s Statement” is signed and dated, please complete the “in_____ language” line also. The recipient and interpreter must sign and date the consent form on the same date.

f. Procedure recorded in the “Physician’s Statement”: It is necessary for the recipient (by signature) to give consent in understanding their rights relative to the sterilization. Both sections of the form should indicate the same type of procedure. However, it is not necessary that the wording of the procedure/manner in which the sterilization is performed be identical under both sections of the form. Example: “Bilateral tubal ligation” listed in the recipient’s section and “postpartum tubal ligation” listed under the physician’s section is acceptable.

NOTE:

The physician's statement must be signed by the physician who is performing the sterilization procedure. Rubber stamped signatures are not permissible in this field. The physician must date the certification on the same date he or she signs it.

C.4 Plan First

Plan First operates under an 1115 Demonstration Waiver granted by the Centers for Medicare and Medicaid Services (CMS). The Plan First Program expands the provision of family planning services to women, ages 19 through 55, and men ages 21 or older, with income up to 141 percent of the federal poverty level (FPL), that are not otherwise eligible for Medicaid. Men are eligible to receive only vasectomy services and enhanced family planning counseling services (referred to as "care coordination" services) with respect to arrangement for and follow-up to receipt of vasectomy services under the demonstration.

Plan First enrollees are also eligible to receive tobacco cessation counseling and products. Under Plan First, eligible women qualify for most family planning services and supplies, including birth control pills, the Depo-Provera shot, vaginal ring, diaphragm and contraceptive patch, doctor/clinic visits (for family planning only), smoking cessation products and counseling, and tubal ligations. Eligible men qualify for doctor/clinic visits (for family planning only), vasectomies and post semen analysis. Plan First does not cover any other medical services, and individuals who have been previously sterilized are not eligible for participation in this program.

NOTE:

Pain medication prescribed after a tubal ligation **is not** covered for a Plan First recipient. Women who receive a sterilization procedure and complete all necessary follow-up procedures will be disenrolled from Plan First.

NOTE:

If for medical reasons, a **Plan First recipient** requires an **inpatient stay** for sterilization, **prior approval** must be requested by the physician and approved by Medicaid prior to performing the sterilization. Please contact Gainwell for prior approval of an inpatient stay.

NOTE:

Effective for dates of service October 1, 2012 selected smoking cessation products are covered for Medicaid recipients on the Plan First Program. Prior authorization will not be required for Plan First recipients. Refer to Appendix Q Tobacco Cessation for additional information.

C.5 Eligible Individuals

Eligible individuals are females of childbearing age between 19 through 55 years of age and men age 21 or older, for vasectomies only, who meet the eligibility criteria described below. These individuals are identified on the Eligibility Master File with an aid category of 50.

As always, providers are responsible for verifying eligibility and coverage via Provider Electronic Solutions (PES) or Automated Voice Response System (AVRS) systems.

Eligible recipients fall into four categories; however, there is no difference in benefits. The income limit for each of these groups must not exceed 141% of the federal poverty level (FPL). A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income. The four groups are described below:

Group 1

Women 19 through 55 years of age who have Medicaid eligible children (poverty level), who become eligible for family planning without a separate eligibility determination. They must answer yes to the Plan First question on the application. Income is verified at initial application and re-verified at recertification of their children. Eligibility is redetermined every 12 months.

Group 2

Poverty level pregnant women 19 through 55, whose pregnancy ends while she is on Medicaid. The Plan First Waiver system automatically determines Plan First eligibility for every female Medicaid member entitled to Plan First after a pregnancy has ended. Women automatically certified for the Plan First program receive a computer generated award notice by mail. If the woman does not wish to participate in the program, she can notify the caseworker to be decertified. Women who answered “no” to the Plan First question on the application and women who do not meet the citizenship requirement do not receive automatic eligibility. Income is verified at initial application and re-verified at re-certification of their children. Income is verified at initial application and re-verified at recertification of their children. Eligibility is redetermined every 12 months.

Group 3

Other women age 19 through 55 who are not pregnant, postpartum or who are not applying for a child must apply using a simplified shortened application. A Modified Adjusted Gross Income (MAGI) determination will be completed using poverty level eligibility rules and standards. Recipient declaration of income will be accepted unless there is a discrepancy. The agency will process the information through data matches with state and federal agencies. If a discrepancy exists between the recipient’s declaration and the income reported through data matches, the recipient will be required to provide documentation and resolve the discrepancy. Eligibility is redetermined every 12 months.

Group 4

Plan First men only age 21 and older, for vasectomies may complete a simplified shortened Plan First application (Form 357). An eligibility determination must be completed using poverty level eligibility rules and standards. Eligibility will only be for a 12-month period; therefore, retro-eligibility and renewals are not allowed. If the individual has completed the sterilization procedure but has not completed authorized follow-up treatments by the end of the 12-month period, a supervisory override will be allowed for the follow-up treatments. If the individual does not receive a vasectomy within the 12-month period of eligibility, then he will have to reapply for Medicaid eligibility.

NOTE:

Effective January 2014, Plan First women can check on their initial application whether they want to renew their eligibility automatically up to 5 years using income data from tax returns.

C.6 Plan First Provider Enrollment

Participation in Plan First is open to any provider who wishes to be Medicaid enrolled and executes a Plan First agreement. Only those Plan First enrolled providers are able to service Plan First eligibles. Providers can be clinics, private physicians, nurse midwives, nurse practitioners, or physician assistants. Providers are bound by the requirements in the Appendix C of the Alabama Medicaid Provider Manual; The American College of Obstetrics and Gynecology guidelines and the approved 1115 Plan First Demonstration Waiver.

In addition to enrolling as a Medicaid provider through Gainwell, the provider must complete a Plan First agreement.

Clinics and clinic-based providers (Health Departments, FQHCs, and RHCs) are enrolled as one group. Individual providers within these groups are not required to individually enroll. Plan First recipients have the option of using any provider within these groups.

A provider who contracts with Alabama Medicaid as a Plan First provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for Plan First related claims. A specialty of 700 is added to the provider file for those enrolling in Plan First. In order for claims to process for Plan First recipients, this specialty code must be present on the provider file.

Medicaid providers that perform only tubal ligations or vasectomies do not have to enroll as Plan First providers. This includes surgeons, anesthesiologists and outpatient surgical centers.

If you have further questions regarding this program please call the Plan First Program Manager. If you wish to enroll please call Gainwell. Recipients may call the Plan First hotline toll-free at 1 (888) 737-2083 for more information.

C.6.1 Network List

The Alabama Medicaid Agency maintains a directory of all providers who have enrolled to provide services to Plan First eligibles. The list contains the provider's address and phone number and is sorted by the provider's county of practice. The provider directory is available online at the Alabama Medicaid web site (www.medicaid.alabama.gov).

Confidentiality

Providers agree that any information obtained through this program is confidential and will not be disclosed directly or indirectly except for purposes directly connected with the conduct of this program. The informed, written or verbal consent of the individual must be obtained for any disclosure.

Availability of Records

The provider shall make available for review and audit by authorized representatives of the Alabama Medicaid Agency at all reasonable times, the medical records pertaining to the services rendered to program recipients.

C.7 Plan First Benefits and Limitations

Services covered are the same as current Medicaid family planning services unless otherwise noted. See Section C.2 for a listing of these.

C.7.1 Oral Contraceptives, Contraceptive Patch and Vaginal Ring

Effective 11/1/2009, women on Plan First have a new option of obtaining oral contraceptives, the contraceptive ring or the contraceptive patch at a Medicaid-enrolled community/outpatient pharmacy. This is in addition to the contraceptive products already available at the pharmacy such as Depo and diaphragms. In order to fill a prescription at a community/outpatient pharmacy, the Plan First recipient must have received the prescription from a private provider. A 30-day supply is the maximum that may be dispensed at one time.

NOTE:

Plan First recipients seeing providers at a Federally Qualified Health Center (FQHC) or the health department will continue to receive the oral contraceptives, contraceptive patch or vaginal ring from the FQHC or health department provider. A 12-month supply of contraceptives may be dispensed at one time. Recipients can also receive a Depo-Provera injection at a FQHC or the health department.

C.7.2 Long Acting Reversible Contraception

Effective for dates of service June 4, 2019, and thereafter, Alabama Medicaid will reimburse the cost of the long acting reversible contraceptive to the facility when provided in the inpatient hospital setting immediately after a delivery or up to the time of the inpatient discharge for postpartum women, or in an outpatient setting immediately after discharge from the inpatient hospital for postpartum women. The insertion of the device/drug implant will be billable to Medicaid by both the physician and hospital for reimbursement.

Refer to Chapter 19 Hospital for additional information.

NOTE:

Effective January 1, 2015, Plan First providers will receive reimbursement for the surgical removal of migrated or embedded IUDs in an office setting or outpatient hospital setting.

C.7.3 Vasectomies

Effective for dates of service August 1, 2015, and thereafter, Medicaid began coverage of vasectomies under the Plan First Program for Plan First males recipients age 21 or older. Coverage includes one initial and two periodic visits, vasectomy in an office or outpatient hospital setting and semen analysis. All men receiving a vasectomy are required to have a completed Alabama Medicaid sterilization Consent Form (Form 193) prior to surgery. The Sterilization Consent Form must be completed in accordance with the guidelines listed below in section C.12.

Initial Visit for Plan First Male Receiving a Vasectomy (99205-FP)

The initial visit is the first time a Plan First male recipient receives family planning services. An initial visit is limited to one per provider per recipient per lifetime and can only be billed by the provider performing the vasectomy.

The initial visit requires the establishment of medical records, an in-depth evaluation of an individual including a complete physical exam, establishment of baseline laboratory data, contraceptive and sexually transmitted disease prevention counseling, and issuance of supplies or prescription. Counseling in the family planning setting is interactive and includes education. Counseling/education topics must be based on recipient's need and on protocol requirements.

Billable laboratory services for the initial visit may include:

- Hemoglobin or hematocrit,
- Urinalysis,
- STD/HIV test, and

Since a family planning visit may be the only medical encounter a Plan First male has, **performing the above laboratory tests is encouraged at the initial visit.**

The **physical assessment** is an integral part of the initial family planning visit for the Plan First male. The following services shall be provided during the initial visit:

- Height, blood pressure, and weight check
- Thyroid palpation
- Breast and axilla examination accompanied by instruction for self-breast examination
- Abdominal examination and liver palpation
- Auscultation of heart and lungs
- Examination of extremities for edema and varicosity
- Testicular, genital, and rectal examination for males.

Periodic Revisit for the Plan First Male Receiving a Vasectomy (99213-FP)

The periodic revisit is for a follow-up evaluation and semen analysis post vasectomy procedure for the Plan First male. Two periodic visits are allowed post vasectomy procedure for the eligible Plan First male recipient.

The following services, at a minimum, shall be provided during the periodic revisit:

- Weight and blood pressure
- Interim history
- Symptom appraisal as needed
- Documentation of any treatment/counseling including administration/issuance of contraceptive supplies.

Providers must use appropriate CPT, ICD Diagnosis Codes, and Place of Service Codes to bill for services provided.

The following CPT codes are applicable:

- **55250** Vasectomy- unilateral or bilateral, including postoperative semen examination(s)
- **00921** Anesthesia for vasectomy, unilateral or bilateral
- **89300** Semen analysis; presence and/or motility of sperm
- **99205-FP** Initial visit
- **99213-FP** Periodic visit

This procedure is only covered in an office or outpatient hospital setting, the place of service must be indicated on the CMS 1500 claim form in order to be reimbursed by Medicaid.

Place of Service Codes:

- **11** Office visit
- **22** Outpatient hospital setting

The following diagnosis codes must be billed in conjunction with the above CPT codes on the claim form (UB-04 or CMS-1500) in order to be reimbursed by Medicaid.

ICD-10 Diagnosis Code:

- **Z30018** Encounter for initial prescription of other contraceptives
- **Z302** Encounter for sterilization
- **Z308** Encounter for other contraceptive management

C.7.4 Care Coordination

Care coordination services for females are designed to provide special assistance to those women who are at high risk or low risk for an unintended pregnancy and allow for enhanced contraceptive education, encouragement to continue with pregnancy spacing plans and assistance with the mitigation or removal of barriers to successful pregnancy planning.

Care coordination services for males are designed for males enrolled in the Plan First program for vasectomy services. The service is designed to **overcome barriers males may encounter in** trying to receive the covered service. This may include, but is not limited to, establishing Medicaid eligibility **(assistance with completing the Form 357 (Lavender Application), the Joint Paper Application (Single Streamline Application) or the on-line application at insurealabama.org as applicable),** finding a provider to perform the surgery and to ensure compliance with follow-up appointments, **and coordinating medical and social resources as identified.**

As mentioned above, the goal of care coordination is to form a partnership with the recipient to address impediments to successful family planning. The bio-psychosocial model of care coordination is used to achieve this goal and includes:

- A psychosocial assessment and development of care plan for all recipients who accept care coordination.
- Counseling regarding sexuality, family planning, HIV/AIDS, STDs, and psychosocial issues identified in the assessment, such as substance abuse or domestic violence.
- Referrals and follow up to ensure appointments are kept, including subsequent family planning visits.
- Answers to general questions about family planning.
- Low-literacy family planning education based on the PT+3 model.
- Consultation with providers regarding problems with the selected family planning method.

The care coordinator will work diligently with family planning providers to ensure that recipients receive care coordination services in a timely manner. All Plan First recipients are eligible to receive an initial risk assessment to determine if and what type of care coordination services is needed.

C.7.5 Recipient Choice/Consent for Service

As with any family planning visit, the recipient must have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. **Recipients are required to give written or verbal consent prior to receiving family planning services.**

C.8 Cost Sharing (Co-payment)

Medicaid recipients and Plan First beneficiaries are exempt from co-payment requirements for family planning services.

There are to be no co-payments on prescription drugs/supplies that are designated as family planning.

Plan First Claims Information

Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

Claims for family planning services - See sections C.11, Completing the Claim form and C.11.2 and C.11.4 for diagnosis and procedure codes. Service requirements per visit are detailed in Section C.2.2, Family Planning Protocol - Clinical.

Non-enrolled Plan First providers who are billing for a tubal ligation or a tubal ligation with a family planning visit can file an electronic or paper claim to Gainwell in order to receive reimbursement. The approved Plan First tubal codes are 58600, 58615, 58670, and 58671. The Plan First family planning visit codes are 99205-FP (initial), 99214-FP (annual), or 99213-FP (periodic). In addition to these codes, the diagnosis code Z309 for ICD-10 must be used as well **as a secondary modifier of 56**.

Non-enrolled Plan First providers who are billing for a vasectomy or a vasectomy with a family planning visit can file an electronic or paper claim to Gainwell in order to receive reimbursement. The approved Plan First vasectomy code is 55250. The Plan First family planning visit codes are 99205-FP (initial) or 99213-FP (periodic). In addition to these codes, the diagnosis code Z309 for ICD-10 must be used as well **as a secondary modifier of 56**.

If the sterilization is **not** performed, the non-enrolled provider must use diagnosis code Z30.9 for ICD-10 and a secondary modifier of 56 with procedure code 99205-FP, 99214-FP or 99213-FP.

For information about Third Party Liability, please refer to Chapter 3, Section 3.3.7, Third Party Liability.

C.9 Quality Assurance Overview

As with any waiver, there is a requirement for Quality Assurance monitoring and complaint/grievance resolution.

The Waiver has four major goals:

- To assure accessibility of family planning services to eligible recipients,
- To assure that recipient assessments include the assessment and care plan appropriate for the risk level,
- To assure that the family planning encounters provided through enrolled providers follows the guidelines in the Appendix C, Plan First, of the Alabama Medicaid Provider Manual; The American College of Obstetrics and Gynecology, 1996; and
- To ensure that an effective complaint and grievance system is in place for both providers and recipients.

The Waiver has provisions for UAB to assist in providing outcome and summary reports to support effectiveness of the Program. This will enable comparisons between different sectors of populations and historical data.

Through referral from a Plan First Provider, the Waiver has approved Care Coordinators to assist recipients who are assessed to be at high risk or low risk of an unintended pregnancy. The Care Coordinators will make and follow a plan to aid the high risk and low risk recipients in avoiding unintended pregnancies through improved compliance and informed decisions about family planning services.

The Alabama Medicaid Agency is responsible for Quality Assurance, Complaint and Grievance Resolution, and Utilization Monitoring. In order to accomplish these Waiver requirements, the Agency has implemented several monitoring functions as outlined below:

- Utilization reports from claims data to monitor trends and utilization
- Monitor Care Coordinator activity via summary reports
- Review Summary Reports, from UAB
- Coordinate complaints and grievances to acceptable resolution.
- Conduct recipient medical record reviews

C.10 Services Other Than Family Planning

Services **required** to manage or treat medical conditions/diseases whether or not such procedures are also related to preventing or delaying pregnancy are **not** eligible as family planning. Many procedures that are completed for "medical" reasons also have family planning implications.

- Sterilization by hysterectomy is not a family planning covered service.
- Abortions are not covered as a family planning service. Refer to Chapter 28, Physician's Program, for details about abortions.
- Hospital charges incurred when a recipient enters the hospital for sterilization purposes, but then opts out of the procedure cannot be reimbursed as a family planning service.
- Removal of an IUD due to a uterine or pelvic infection is not considered a family planning service, and is not reimbursable as such.
- Colposcopy and biopsy of cervix/vagina performed to identify and treat medical conditions are not considered family planning services.
- Diagnostic or screening mammograms are not considered family planning services.
- Medical complications requiring treatment (for example, perforated bowel) caused by or following a family planning procedure are not a covered family planning service.
- Any procedure or service provided to a woman who is known to be pregnant is not considered a family planning service.
- Removal of contraceptive implants due to medical complications are not family planning services.

C.11 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information.

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

C.11.1 Time Limit for Filing Claims

Medicaid requires all claims for family planning to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits, for more information regarding timely filing limits and exceptions.

C.11.2 Diagnosis Codes and BMI Requirements

ICD-10 Diagnosis Codes

Z30011	Encounter for initial prescription of contraceptive pills
Z30013	Encounter for initial prescription of injectable contraceptive
Z30014	Encounter for initial prescription of intrauterine contraceptive device
Z30018	Encounter for initial prescription of other contraceptives
Z30019	Encounter for initial prescription of contraceptives, unspecified
Z3002	Counseling and instruction in natural family planning to avoid pregnancy
Z3009	Encounter for other general counseling and advice on contraception
Z302	Encounter for sterilization
Z3040	Encounter for surveillance of contraceptives, unspecified
Z3041	Encounter for surveillance of contraceptive pills
Z3042	Encounter for surveillance of injectable contraceptive
Z30430	Encounter for insertion of intrauterine contraceptive device
Z30431	Encounter for routine checking of intrauterine contraceptive device
Z30432	Encounter for removal of intrauterine contraceptive device
Z30433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z3049	Encounter for surveillance of other contraceptives
Z308	Encounter for other contraceptive management
Z309	Encounter for contraceptive management, unspecified
Z3202	Encounter for pregnancy test, result negative
Z641	Problems related to multiparity

NOTE:

All claims filed for Plan First recipients must utilize one of the family planning diagnosis codes noted above. This includes claims filed for lab services. Diagnosis codes that are used and not listed above will cause the claim for a Plan First recipient to deny.

NOTE:

ICD-10 diagnosis codes must be listed to the highest number of digits possible (3, 4 or 5 digits). Do not use decimal points in the diagnosis code field.

C.11.3 Family Planning Indicator References

Providers must complete the Family Planning Indicator, as applicable. "Y or "N" are the only valid indicators, when filing electronic claims.

C.11.4 Procedure Codes, Modifiers, and BMI Requirements

The (837) Professional and Institutional electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

Collection of laboratory specimens may be billed only when sending specimens to another site for analysis if the other site is not owned, operated, or financially associated with the site in which the specimen was collected.

The collection fee may not be billed if the lab work is done at the same site where the specimen was collected or in a lab owned, operated, or financially associated with the site in which the specimen was collected.

Providers will not be paid for and should not submit claims for laboratory work done for them by independent laboratories or by hospital laboratories.

Providers may submit claims for laboratory work done by them in their own offices or own laboratory facilities. Providers who send specimens to independent laboratories for analysis may bill a collection fee. This fee shall not be paid to any provider who has not actually extracted the specimen from the recipient.

NOTE:

Providers should use procedure code 36415-90 for routine venipuncture collection, 36416-90 for collection of capillary blood specimen (e.g., finger, heel, ear stick) and Q0091-90 for collection of Pap smear specimen.

NOTE:

Family planning visits do not count against the recipient's office visits when the procedure codes listed below and the appropriate family planning indicator are used.

Code	Procedure Description
99402	STD/HIV Post-test Counseling (Must be billed in conjunction with a family planning visit) – Limited to two per recipient per calendar year. (Must use diagnosis code Z309 for ICD-10)
99401	STD/HIV Risk Screening and HIV Pre-test Counseling (Must be billed in conjunction with a family planning visit) – Limited to two per recipient per calendar year. (Must use diagnosis code Z309 for ICD-10)
88305	Level IV Surgical Pathology, gross and microscopic examination
88304	Level III Surgical Pathology, gross and microscopic examination
88302	Surgical pathology, gross and microscopic examination
88300	Level I Surgical Pathology, gross examination only
89300	Semen analysis; presence and/or motility of sperm
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, under physician supervision.

Code	Procedure Description
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision.
88167	Cytopathology, slides, cervical or vaginal
88166	Cytopathology, slides, computer assisted rescreening
88165	Cytopathology, slides, cervical or vaginal
88164	Cytopathology, slides, cervical or vaginal
88162	Cytopathology, any other source
88161	Cytopathology, any other source
88160	Cytopathology, smears, any other source
88155	Cytopathology, slides, cervical or vaginal
88154	Cytopathology, slides, computer assisted
88153	Cytopathology, slides, manual screening & rescreening under physician supervision (use in conjunction with 88142-88154, 88164-88167)
88152	Cytopathology, slides, cervical or vaginal
88150	Cytopathology, manual screening under physician supervision
88148	Cytopathology, screening by automated system with manual rescreening
88147	Cytopathology smears, screening by automated system under physician supervision
88143	Cytopathology, manual screening & rescreening under physician supervision
88142	Cytopathology, cervical or vaginal, automated thin layer preparation
88141	Cytopathology, cervical or vaginal; requiring interpretation by physician (use in conjunction with 88142-88154, 88164-88167)
88108	Cytopathology, concentration technique, smears and interpretation
87850	Neisseria gonorrhea
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism. (Not billable by ADPH effective June 30, 2015.)
87797	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique
87661	Trichomonas vaginalis, amplified probe technique
87660	Trichomonas vaginalis, direct probe technique
87625	Human Papillomavirus (HPV), types 16 & 18 only
87624	Human Papillomavirus (HPV), high-risk types
87623	Human Papillomavirus (HPV), low-risk types
87592	Neisseria gonorrhea, quantification
87591	Neisseria gonorrhea, amplified probe technique. (Not billable by ADPH effective June 30, 2015.)
87590	Neisseria gonorrhea, direct probe technique
87539	HIV-2, quantification
87538	HIV-2, amplified probe technique
87537	HIV-2, direct probe technique
87536	HIV-1, quantification
87535	HIV-1, amplified probe technique
87534	HIV-1, direct probe technique
87533	Herpes virus-6, quantification
87532	Herpes virus-6, amplified probe technique
87531	Herpes virus-6, direct probe technique
87530	Herpes simplex virus, quantification
87529	Herpes simplex virus, amplified probe technique
87528	Herpes simplex virus, direct probe technique
87512	Gardnerella vaginalis, quantification
87511	Gardnerella vaginalis, amplified probe technique
87510	Gardnerella vaginalis, direct probe technique

Code	Procedure Description
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Amplified probe technique. (Not billable by ADPH effective June 30, 2015.)
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Direct probe technique.
87482	Candida species, quantification
87481	Candida species, amplified probe technique
87480	Candida species, direct probe technique
87389	Infectious Agent Antigen
87220	Tissue examination for fungi
87210	Smear, primary source, with interpretation, wet mount with simple stain, for bacteria, fungi, ova, and/or parasites
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites
87207	Smear, primary source, with interpretation, special stain for inclusion bodies or intracellular parasites (e.g., malaria, kala azar, herpes)
87206	Smear, primary source, with interpretation, fluorescent and/or acid fast stain for bacteria, fungi, or cell types
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types
87177	Smear, primary source, with interpretation, wet and dry mount for ova and parasites, concentration and identification
87164	Dark field examination, any source; includes specimen collection
87110	Culture, chlamydia
87081	Culture, bacterial, screening only, for single organisms
86780	Antibody; Treponema Pallidum
86703	HIV – 1&2
86702	Antibody HIV-2
86701	HIV – 1
86695	Herpes simples, type 1
86694	Herpes simplex, non-specific type test
86689	HTLV or HIV antibody
86593	Syphilis
86592	Syphilis
85032	Manual cell count (erythrocyte, leukocyte or platelet) each
85027	Blood count; RBC only
85025	Blood count; hemogram and platelet count, automated, and automated complete differential WBC count (CBC)
85018	Blood count; hemoglobin
85014	Blood count; other than spun hematocrit
85013	Blood count; spun microhematocrit
85009	Blood count; differential WBC count, buffy coat
85008	Blood count; manual blood smear examination without differential parameters
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
84703	HCG qualitative
84702	HCG quantitative
81025	Urine pregnancy test
81020	Urinalysis; two or three glass test
81015	Urinalysis microscopic only
81007	Urinalysis; bacteriuria screen, by non-culture technique, commercial kit
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81003	Urinalysis; automated without microscopy
81002	Urinalysis; non-automated without microscopy
81001	Urinalysis; automated with microscopy

Code	Procedure Description
81000	Urinalysis by dip stick or tablet reagent
76881	Contraceptive surveillance, unspecified of a missing Nexplanon
76830	Transvaginal Ultrasound Non-OB
76857	Ultrasound, Pelvic (Nonobstetric), real time with image documentation; limited or follow-up (EG, for follicles) **(This procedure is to be used for locating missing IUDs Only)**
74740	Hysterosalpingography, radiological supervision and interpretation
73060	X-ray of Humerus-Purpose Location of Nexplanon Capsules
58671	Tubal ligation by laparoscopic surgery
58670	Tubal ligation by laparoscopic surgery
58615	Tubal ligation by suprapubic approach
58611	Tubal ligation done in conjunction with a c-section (*Not applicable for Plan first)*
58605	Tubal ligation by abdominal approach (postpartum) (*Not applicable for Plan first)*
58600	Tubal ligation by abdominal incision
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (by Prior Approval only; **See note box below)
58562	Hysteroscopy, surgical; with removal of impacted foreign body
A4264	Intratubal occlusion device (by Prior Approval only; **See note box below)
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58301	IUD removal
58300	IUD insertion
57800-FP	Dilation of cervical canal, instrumental (separate procedure)
57410-FP	Pelvic examination under anesthesia (other than local)
57170	Diaphragm – fitting with instructions **only.** Does not include the device.
55250	Vasectomy –unilateral or bilateral, including postoperative semen examination(s)
11980	Subcutaneous hormone pellet implantation(implantation of estradiol and/or testosterone beneath the skin)
11976	Removal, implantable contraceptive capsule
11981-FP	Insertion, non-biodegradable drug delivery implant
11982-FP	Removal, non-biodegradable drug delivery implant
00921	Anesthesia for vasectomy, unilateral or bilateral
00952-FP	Anesthesia for hysteroscopy and/or hysterosalpingography procedures
00940-FP	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00851	Anesthesia Intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection.
J1050-FP	Depo-Provera-no less than 104 mg and no more than 150 mg per injection once every 70 days
J7296	Kyleena IUD (Levonorgestrel-releasing intrauterine contraceptive system, 19.5mg limited to one every 5 years). Exceptions are in NOTE box below. **Effective January 1, 2018, providers should bill J7296 on the claim form for reimbursement**.
J7297	Liletta IUD (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg) limited to one every 5 calendar years. Exceptions are in the NOTE box below

Code	Procedure Description
J7298	Mirena IUD (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg) limited to one every 5 calendar years. Exceptions are in the NOTE box below
J7301	Skyla IUD (limited to one every 3 years). Exceptions are in NOTE box below.
J7304-FP	Contraceptive Patch (For Health Department Billing Only) TPL exempt
J7304-SE	Contraceptive Patch (For FQHCs, PRHCs, IRHCs Billing only)
J7303-FP	Vaginal Ring (For Health Department billing only and is covered for Plan First)
*J3490	Kyleena IUD (limited to one every 5 years). Exceptions are in NOTE box below. * For dates of service April 01, 2017 through June 30, 2017 bill J3490. See Q9984 for dates of service July 01, 2017 through December 31, 2017.
99205-FP	Initial visit
99214-FP	Annual visit
99213-FP	Periodic visit
99347-FP	Home visit – Limited to one per post-partum period as a family planning covered service. (Not applicable for Plan First eligible recipients)
S4993-FP	Birth control pills (For Health Department billing only)
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.
99212-FP	Extended contraceptive counseling visit (May be billed in conjunction with the postpartum visit – Limited to one service during the postpartum period as a family planning covered service. (Not applicable for Plan First eligible recipients.)
S4993-SE	Birth Control Pills (For FQHCs, PRHCs, IRHCs Billing only)
J7307	Etonogestrel (contraceptive) implant system, including implants and supplies also known as Nexplanon Effective 1/1/2008, J7307 replaces S0180
J7300	Mechanical (Paragard) IUD
Q0091	Collection of Pap smear specimen
Q0111	Wet mounts
Q9984	Kyleena IUD (limited to one every 5 years). Exceptions are in NOTE box below. Bill Q9984 for dates of service July 01, 2017 through December 31, 2017. See J7296 for dates of service January 1, 2018 and thereafter.
36415-90	Routine venipuncture for collection
36416-90	Collection of capillary blood specimen (eg, finger, heel, ear stick)

Sterilizations

NOTE:

The Essure method of sterilization is restricted to Prior Approval and also requires a sterilization consent form. The limitations are as follows:
This procedure must be performed in an outpatient setting and the recipient must meet one of the following criteria:
Morbid obesity (BMI of 45 or greater); or
Abdominal mesh that mechanically interfaces with laparoscopic tubal ligation sterilization procedures; or
Permanent colostomy with documented adhesions; or
Multiple abdominal/pelvic surgeries with documented severe adhesions; or
Artificial heart valve requiring continuous anticoagulation; or
Other severe medical problems that would be a contraindication to laparoscopic tubal ligation procedures based on medical documentation submitted.
Effective January 1, 2010, Medical providers will use two procedures to bill for the Essure. A4264 will be used for reimbursement of the device and 58565 will be used for reimbursement of the procedure. The outpatient facility will only bill 58565 for the surgical procedure.

NOTE:

Once a sterilization claim is processed for a Plan First recipient, the Medicaid eligibility is ended. Therefore, a claim for the Essure related follow-up procedures (58340 and 74740) would deny due to no eligibility. The performing provider should submit the claims for procedures 58340 and 74740 for administrative review to:

Alabama Medicaid Agency
Plan First Program Manager
501 Dexter Avenue
Montgomery, AL 36103

The claims will be researched and a lump sum payment will be made to the provider if there is a paid claim on file for the Essure procedure.

IUDs

NOTE:

Effective 1/1/2010, the Mirena IUD is restricted to 1 every 5 years. The recipient cannot have another Mirena IUD, but may receive a different type of IUD (Skyla, Liletta, Paragard, or Kyleena) or different birth control method (oral contraceptives, contraceptive patch, vaginal ring, Depo-Provera, etc. in a 5 year period. The only exception to this 5 year restriction is if the recipient meets one or more of the criteria listed below. If a recipient meets one or more of the criteria listed below she may qualify for another Mirena IUD within a 5 year period.

1. Recipient develops high blood pressure or any other medical condition that would allow for a progestin only method.

2. Any nulliparous woman who has a spontaneous expulsion within 6 months of placement.

3. Mirena IUD is removed to allow a pregnancy. Once delivered, recipient is eligible for another Mirena IUD.

4. Surgical removal of an embedded IUD in an office or outpatient setting.

In order to receive reimbursement, providers will need to submit a clean claim and medical records documenting the above mentioned criteria to the:

Plan First Program Manager
Alabama Medicaid Agency
Managed Care Division
P. O. Box 5624
Montgomery, AL 36103-5624

NOTE:

Effective January 1, 2012, intrauterine devices (IUDs) and implantable contraceptive devices will be reimbursed only when billed on a medical claim. Pharmacies will no longer be able to bill for these devices for a specific recipient and ship to the provider for insertion/implantation. Example devices include Mirena®, Paragard®, Nexplanon®, Liletta®, Kyleena® and Skyla®.

NOTE:

Effective 5/1/2012, Federally Qualified Health Centers and Rural Health Centers may submit claims for Mirena®, Paragard®, Liletta, Nexplanon®, and Kyleena® fee-for-service outside the encounter rate. FQHC and RHCs may submit a separate medical claim using the following procedure codes:

Mirena® - J7298	Skyla®- J7301
Paragard® - J7300	Liletta®- J7297
Nexplanon® – J7307	Kyleena® - J7296

NOTE:

Effective 1/1/2014, the Skyla IUD is restricted to 1 every 3 years. The recipient **cannot** have another Skyla IUD, but may receive a different type of IUD (Mirena, Liletta, Paragard, or Kyleena) or different birth control method (oral contraceptives, contraceptive patch, vaginal ring, Depo-Provera, etc.).
The only exception to this 3 year restriction is if the recipient meets one or more of the criteria listed below. If a recipient meets one or more of the criteria listed below, she may qualify for another Skyla IUD within a 3 year period.

1. Recipient develops high blood pressure or any other medical condition that would allow for a progestin only method.

2. Any nulliparous woman who has a spontaneous expulsion within 6 months of placement.

3. Skyla IUD is removed to allow a pregnancy. Once delivered, recipient is eligible for another Skyla IUD.

4. Surgical removal of an embedded IUD in an office or outpatient setting.

In order to receive reimbursement, providers will need to submit a clean claim and medical records documenting the above mentioned criteria to the:

Plan First Program Manager
Alabama Medicaid Agency
Managed Care Division
P.O. Box 5624
Montgomery, AL 36103-5624

NOTE:

Effective 10/15/2018, the Liletta IUD is restricted to 1 every 5 years. The recipient **cannot** have another Liletta IUD, but may receive a different type of IUD (Mirena, Skyla, Paragard, or Kyleena) or different birth control method (oral contraceptives, contraceptive patch, vaginal ring, Depo-Provera, etc.). The only exception to this 5 year restriction is if the recipient meets one or more of the criteria listed below. If a recipient meets one or more of the criteria listed below, she may qualify for another Liletta IUD within a 5 year period.

1. Recipient develops high blood pressure or any other medical condition that would allow for a progestin only method.

2. Any nulliparous woman who has a spontaneous expulsion within 6 months of placement.

3. Liletta IUD is removed to allow a pregnancy. Once delivered, recipient is eligible for another Liletta IUD.

4. Surgical removal of an embedded IUD in an office or outpatient setting.

In order to receive reimbursement, providers will need to submit a clean claim and medical records documenting the above mentioned criteria to the:

Plan First Program Manager
Alabama Medicaid Agency
Managed Care Division
P.O. Box 5624
Montgomery, AL 36103-5624

NOTE:

Effective for dates of service 9/1/2016, and thereafter, Medicaid began coverage of the Kyleena IUD. The Kyleena IUD is restricted to 1 every 5 years. The recipient **cannot** have another Kyleena IUD, but may receive a different type of IUD (Mirena, Skyla, Paragard, or Liletta) or different birth control method (oral contraceptives, contraceptive patch, vaginal ring, Depo-Provera, etc.). The only exception to this 5 year restriction is if the recipient meets one or more of the criteria listed below. If a recipient meets one or more of the criteria listed below, she may qualify for another Kyleena IUD within a 5 year period.

1. Recipient develops high blood pressure or any other medical condition that would allow for a progestin only method.

2. Any nulliparous woman who has a spontaneous expulsion within 6 months of placement.

3. Kyleena IUD is removed to allow a pregnancy. Once delivered, recipient is eligible for another Kyleena IUD.

4. Surgical removal of an embedded IUD in an office or outpatient setting.

In order to receive reimbursement, providers will need to submit a clean claim and medical records documenting the above mentioned criteria to the:

Plan First Program Manager
Alabama Medicaid Agency
Managed Care Division
P.O. Box 5624
Montgomery, AL 36103-5624

NOTE:

Effective 1/1/2008 the Nexplanon implant is restricted to 1 every 3 years. The recipient **cannot** have another Nexplanon implant but may receive an IUD (Mirena, Skyla, Paragard, or Liletta) or different birth control method (oral contraceptives, contraceptive patch, vaginal ring, Depo-Provera, etc.). The only exception to this 3 year restriction is if the recipient meets one or more of the criteria listed below. If a recipient meets one or more of the criteria listed below, she may qualify for another Nexplanon implant within a 3 year period.

1. Recipient develops high blood pressure or any other medical condition that would allow for a progestin only method.

2. Any nulliparous woman who has an embedded or migration of Nexplanon implant within 6 months of placement.

3. Nexplanon implant is removed to allow a pregnancy. Once delivered, recipient is eligible for another Nexplanon implant.

4. Surgical removal of an embedded or migration of Nexplanon implant in an office or outpatient setting.

In order to receive reimbursement, providers will need to submit a clean claim and medical records documenting the above mentioned criteria to the:

Plan First Program Manager
Alabama Medicaid Agency
Managed Care Division
P.O. Box 5624
Montgomery, AL 36103-5624

Modifiers

Appropriate Use of Modifiers

Please refer to this CMS link for more information regarding NCCI edits: https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html

Modifier 25 (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service)
It may be necessary to indicate that on the day a procedure or service identified by CPT code was performed, the recipient's condition required a significant, separately identifiable E&M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E&M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E&M service to be reported.

BMI Requirements

Plan First providers that bill procedure codes 99205, 99212, 99213, or 99214 must include a BMI diagnosis on the claim or the claim will be denied. In instances where a BMI cannot be determined (e.g., wheelchair bound recipients) an override request may be submitted after the claim has been filed and denied. See Chapter 40 for Override request procedures.

The table below provides a description of procedure codes and ICD-10 codes that require a percentile on the CMS 1500 claim form for **recipient's age 8-19 years**:

Procedure Code Description	ICD-10 Diagnosis Code Description for Ages 8-19
99205 Office/Outpatient Visit New 99212 Office/Outpatient Visit Est 99213 Office/Outpatient Visit Est 99214 Office/Outpatient Visit Est	Z6851 BMI Pediatric, Less Than 5th Percentile for Age Z6852 BMI Pediatric, 5th Percentile to Less Than 85% for Age Z6853 BMI Pediatric, 85% To Less Than 95th Percentile for Age Z6854 BMI Pediatric, Greater Than or Equal To 95% for Age

The table below provides a description of procedure codes and ICD-10 codes that require a BMI on the CMS 1500 claim form for **recipients age 20 and older**:

Procedure Code Description	ICD-10 Diagnosis Code Description For Ages 20 and Older
99205 Office/Outpatient Visit New 99212 Office/Outpatient Visit Est	Z681 Body Mass Index (BMI) 19 Or Less, Adult Z6820 Body Mass Index (BMI) 20.0-20.9, Adult Z6821 Body Mass Index (BMI) 21.0-21.9, Adult Z6822 Body Mass Index (BMI) 22.0-22.9, Adult Z6823 Body Mass Index (BMI) 23.0-23.9, Adult Z6824 Body Mass Index (BMI) 24.0-24.9, Adult Z6825 Body Mass Index (BMI) 25.0-25.9, Adult Z6826 Body Mass Index (BMI) 26.0-26.9, Adult

Procedure Code Description	ICD-10 Diagnosis Code Description For Ages 20 and Older
99213 Office/Outpatient Visit Est 99214 Office/Outpatient Visit Est	Z6827 Body Mass Index (BMI) 27.0-27.9, Adult Z6828 Body Mass Index (BMI) 28.0-28.9, Adult Z6829 Body Mass Index (BMI) 29.0-29.9, Adult Z6830 Body Mass Index (BMI) 30.0-30.9, Adult Z6831 Body Mass Index (BMI) 31.0-31.9, Adult Z6832 Body Mass Index (BMI) 32.0-32.9, Adult Z6833 Body Mass Index (BMI) 33.0-33.9, Adult Z6834 Body Mass Index (BMI) 34.0-34.9, Adult Z6835 Body Mass Index (BMI) 35.0-35.9, Adult Z6836 Body Mass Index (BMI) 36.0-36.9, Adult Z6837 Body Mass Index (BMI) 37.0-37.9, Adult Z6838 Body Mass Index (BMI) 38.0-38.9, Adult Z6839 Body Mass Index (BMI) 39.0-39.9, Adult Z6841 Body Mass Index (BMI) 40.0-44.9, Adult Z6842 Body Mass Index (BMI) 45.0-49.9, Adult Z6843 Body Mass Index (BMI) 50-59.9, Adult Z6844 Body Mass Index (BMI) 60.0-69.9, Adult Z6845 Body Mass Index (BMI) 70 or Greater, Adult

C.12 Attachments

- STD/HIV Screening and Documentation Forms (Form 189)
- Sterilization Consent Form (Form 193)
- Sterilization Consent Form Detailed Instructions Guide
- Checklist for Consent Form Completion

These handouts are available through the Communications Division (334-353-4099)

- Folic Acid for Women for healthy babies (Handout)
- Birth Control Method Sheets (Handout)
- STD/HIV Screening and Documentation Forms
- Sterilization Consent Form

NOTE:

Please go to the Alabama Medicaid Agency web site to access the Alabama Medicaid Product Catalog for any forms that you may need to order. The web address is www.medicaid.alabama.gov.

Patient Name_____ Sex: M F Today's Date _____

STD/HIV Risk Screening and Intervention Tool

Questions/Risk Factors	YES	NO
1. Have you had a blood transfusion or received any blood products prior to 1985? ***Blood exposure?***		
2. Have you ever had a job that exposed you to blood or other body fluids? Like a nursing Home or a day care or hospital? Doctor's office? Funeral Home? ***Occupational exposure?***		
3. Your medical history tells me that you (do or do not have) the free bleeding disease called Hemophilia. Is that correct? ***Has Hemophilia?***		
4. Has the use of alcohol or any other drug ever caused you to do things sexually that you Normally would not do? ***Risky use of alcohol or non-IV drugs****?*		
5. Have you **ever** put drugs of any type into your veins? ***Ever an IV drug user?***		
6. Have you ever had any type of infection of the sex organs*?* ***History of STDs?***		
7. Think about the first time you had sex. (Since your last HIV test?) Have you had sex With more than one partner since then? What about your current partner? ***Multiple Sex Partners***?		
8. Some women and some men use sex to get things they need. Have you ever had to do this?		
9. Have you ever been hit, kicked, slapped, pushed or shoved by your partner? ***History of Abuse?***		
10. Some women/men prefer sex with men, some with women and some with both. What type of partner do you prefer? **Circle One: Man Woman Both**		
11. **<u>As far as you know,</u>** have you ever had sex with someone who		
a. was a free bleeder or Hemophiliac?		
b. had HIV or AIDS or an STD?		
c. was a man who had sex with men?		
d. used IV drugs or put drugs into their veins?		
e. was a prostitute - either male or female?		
NOTE: For screening after a previous negative HIV test, ask, "Since your last HIV test ..."		

Documentation instructions and explanations:

1. **Yes or No.** Blood transfusion prior to 1985 places the person at risk for HIV/AIDS.
2. **Yes or No**. Any profession that exposes the patient to body fluids creates a risk for HIV/AIDS.
3. **Yes or No**. Yes, if the patient has Hemophilia; No, if does not have the disease. Hemophilia itself does not create risk for HIV, but the use of blood and blood products by the patient does create risk for HIV/AIDS.
4. **Yes or No.** Use of alcohol or non-IV drugs in a setting/manner that results in sexual risk taking places a person at risk for both STDs and HIV.
5. **Yes or No.** IV drug use is a risk factor for HIV specifically.
6. **Yes or No**. A history of any STD places the patient at risk for another STD including HIV/AIDS.
7. **Yes or No.** Having more than one partner places a patient at risk for both STDs and HIV, unless the partners were prior to 1978.
8. **Yes or No**. Exchanging sex for anything places a person at risk for both HIV and STDs.
9. **Yes or No.** Any type of abuse or coerciveness that the patient has experienced places the patient at risk for both HIV and STDs
10. **Circle** the appropriate choice. Male homosexuality and/or male bisexuality are risk factors for HIV/AIDS.
11. **a-e. Yes or No.** Any Yes answer is considered a risk factor for both STDs and HIV/AIDS.

Intervention Documentation: Circle the intervention taken

Level I: - No risk factors identified – No counseling required. Offer "STDs – Don't…" Handout – because "sometimes we change". HIV testing w/counseling is optional – at patient request.

Level II: Risks are related to blood products exposure ONLY – Recommend HIV test. Inform of need for and explain universal precautions. Use "STDs – Don't… " handout.
Level III: Any other risk factor present - significant risk exists. Recommend strongly the HIV test. Test for other STDs as CI. Provide prevention counseling about need for change in (specifically identified) habits and importance of protected sex. Use "STDs – Don't…" handout. Provide skill training in use of condom and in negotiation skills.
Remember: All patients should be given information the handout, "Facts about HIV and HIV testing."

Documentation of HIV testing:

❑ ***HIV Testing Done***

❑ ***NO HIV Test drawn***
IF Patient declined, why? Circle One
* I am not at risk,
* Do not want to know,
* Other

Follow-up Notes:

Signature/title of counselor _____ **Date** _____

HIV Post Test Counseling
HIV Test Results: Date _____

❑ **HIV positive**
- ○ Test results explained
- ○ Provided emotional assistance related to test result
- ○ Explained need to notify partners/contacts
- ○ Offered options for partner notification
- ○ Stressed need for transmission prevention
- ○ Explained need for early medical evaluation & treatment

❑ **HIV Negative**
- ○ Test results explained
- ○ Counseled re need for safe sex practices
- ○ Scheduled for retest on _____

❑ **Indeterminate**
- ○ Test results explained
- ○ Counseled re need for safe sex practices
- ○ Scheduled for retest on _____

Referrals made:

Retest Results (Date) _____
Positive Negative Indeterminate

- ❑ Mental Health_____
- ❑ Partner notification services _____
- ❑ Other Health Care Provider_____
- ❑ Social Services_____
- ❑ Retesting
- ❑ Other_____

Follow-up Notes:

Additional Post- test counseling

Reason:

Points covered:

Signature/title of counselor _____ Date _____

Form 189 Alabama Medicaid Agency

ALABAMA MEDICAID AGENCY STERILIZATION CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITH HOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

_____
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 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

_____
Specify Type of Operation

The discomforts, risks, 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 thirty 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 with-holding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____.
Month/Day/Year

I, _____
Name of the Recipient

hereby consent of my own free will to be sterilized by

_____
Physician or Clinic

by the method called _____.
Specify Type of Operation

My 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 this 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.

X_____ X_____
Recipient's Signature Date

_____
Type/Print Recipient's Name

_____
Recipient's Medicaid Number

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the recipient to be sterilized: I have translated the information and advice presented orally to the recipient to be sterilized by the person obtaining the 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

Form 193 (Rev. 9-26-2016)

STATEMENT OF PERSON OBTAINING CONSENT

Before _____
Name of the Recipient

signed the consent form, I explained to him/her the nature of the sterilization operation _____, the
Specify Type of Operation

fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the recipient 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 recipient 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 recipient 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 consequence of the procedure.

X_____ X_____
Signature of Person Obtaining Consent Date

_____
Type or Print Name

_____
Facility

_____
Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

_____ on X_____
Name of the Recipient Date of Sterilization

I explained to him/her the nature of the sterilization operation _____.
Specify Type of Operation

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 recipient 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 recipient 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 recipient 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 consequence 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 recipient'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 days have passed between the date of the recipient's signature on the 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 recipient's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

☐ Premature delivery
Recipient's expected date of delivery: _____

☐ Emergency abdominal surgery **(describe circumstances in an attachment)**

X_____ X_____
Physician's Signature Date

Type/Print Name _____

NPI Number _____

Sterilization Consent Form Detailed Instructions Guide

It is the responsibility of the **performing surgeon to submit a legible completed** copy of the Sterilization Consent Form (Form 193) **after** the surgery to Medicaid's fiscal agent, Gainwell Technologies (Gainwell). Consent forms should not be submitted to Gainwell prior to the surgery date. Receipt of multiple consent forms slows down the consent form review process and payment of claims. For timely processing, providers must complete all required fields and the performing surgeon must submit a copy of the recipient's signed Sterilization Consent Form to Gainwell using the Provider Web Portal upload process or via the fax number listed below:

Gainwell
ATTN: Medical Policy Unit/Consent Forms
Fax Number: (334) 215-7416

If submitting this form via fax, a barcode fax coversheet is required with each submission and should be included as page one of the fax transmission for the corresponding Record ID.

Effective November 28, 2016, Gainwell will not accept Consent Forms and supporting documentation in paper format. Consent Forms and supporting documents submitted to Gainwell in paper format on/after November 28, 2016 will be returned to the provider.

ONLY an electronic fillable version of the Sterilization Consent Form can be faxed to Gainwell. **The electronic fillable version of the Sterilization Consent Form** is located on the Alabama Medicaid's website at the following link:
http://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.3_Consent_Forms/9.4.3_Form_193_Consent_Sterilization_Fillable_9-26-16.pdf

The electronic fillable version must be printed to complete the signatures and dates. **All SIGNATURES AND DATES MUST BE COMPLETED IN BLACK INK TO ENSURE FAXED COPIES ARE LEGIBLE.**

Note: Gainwell will **not** accept any Sterilization Consent Forms by **email**.

Reference Section C.3.3 for updates regarding the digital submission of the Sterilization Consent Form and supporting documentation effective October 26, 2016.

All blanks on the Sterilization Consent Form must be appropriately completed. Gainwell will **NOT** pay any claims to **ANY** provider until a correctly completed **Alabama Medicaid Agency Sterilization Consent Form (Form 193)** is on file at Gainwell.

Gainwell will return forms to the provider upon identification of missing or invalid information in correctable fields. **Consent forms submitted to Gainwell with missing and/or invalid information in *NON-CORRECTABLE FIELDS [Fields 7, 8, (12 & 13, if provided), 16 and 17] of the consent form will be denied by Gainwell and not returned to the provider, therefore all claims associated with the sterilization WILL NOT BE PAID.**

Before sending the consent form to Gainwell, it is imperative that the **date of surgery** be clarified by reviewing the operative note to remedy claim denials due to incorrect date of surgery.

NOTE:
A *NON-CORRECTABLE FIELD is a field that cannot be changed, edited or revised once the Sterilization Consent Form has been submitted to Gainwell.

Missing and/or invalid information in a *NON-CORRECTABLE FIELD will cause the consent form to be denied , which WILL result in NONE-PAYMENT of ALL providers claims.

NOTE:
All **signature** and **date** lines on the Sterilization Consent Form noted with an **"X"** must be completed after the form is printed.

CONSENT TO STERILIZATION INSTRUCTIONS		
Filed	**Description**	**Instructions**
1	Name of physician or clinic	Enter the typed or printed name of the physician or clinic that will provide information about the sterilization.
2	Specify type of operation	Enter of the type of operation that will be performed.
	Recipient's date of birth	Enter the recipient's date of birth in the following format: **month/day/year**. **Note: The recipient must be at least 21 years of age at the time consent is obtained. If the recipient was not 21 years of age when the Sterilization Consent Form was signed, the consent form will be denied.**
4	Recipient's name	Enter the typed or printed first and last name of the recipient.
5	Name of physician or clinic	Enter the typed or printed name of the physician or clinic that will perform the operation.
6	Specify type of operation	Enter of the type of operation that will be performed.
*7	Recipient's signature	The recipient must sign his/her first and last name. *(If the patient is unable to sign their name, the physician's office is responsible for documenting the reason why, either on the consent form or on attached documentation. If the individual consenting to sterilization is unable to write at all, due to a physical disability, they should have someone sign for them, in the presence of a witness. The witness **must** be someone other than those individuals required by regulations to be parties to the consent process. Therefore, the witness cannot be the person obtaining consent, the interpreter, or the physician. This same process should be used when the individual cannot write his or her name and signs with an "X".)* ***Note: The recipient's signature on the Sterilization Consent Form is considered a NON-CORRECTABLE FIELD and cannot be changed, edited or revised once submitted to Gainwell.**

CONSENT TO STERILIZATION INSTRUCTIONS		
Filed	**Description**	**Instructions**
*8	Date recipient signed	The recipient must provide the date the Sterilization Consent Form was signed. • The date of the recipient's signature must be in the following format: **month/day/year**. • The required 30-day waiting period is calculated from this date. • The recipient's signature date must reflect at least **30 days**, but not more than **180 days** have passed prior to the procedure being done, except in the case of premature delivery or emergency abdominal surgery. • This date must be added at the time the recipient signs the form. • The date cannot be altered or added at a later date. ***Note: The date the recipient signed the Sterilization Consent Form is considered a NON-CORRECTABLE FIELD and cannot be changed, edited or revised once submitted to Gainwell.**
9	Recipient's name	Enter the typed or printed first and last name of the recipient.
10	Recipient's Medicaid Number	Enter the recipient's 13-digit Alabama Medicaid number.
INTERPRETER'S STATEMENT		
11	Language	Enter the language used by the interpreter to communicate the information to the recipient. **Note: If an interpreter is used, this section must be completed in full. If an interpreter is not used, N/A can be written into this section. If this section is blank, the Sterilization Consent Form will be returned to the provider for correction.**

CONSENT TO STERILIZATION INSTRUCTIONS		
Filed	**Description**	**Instructions**
*12	Interpreter's signature	The interpreter must sign the Sterilization Consent Form on the same day the recipient signs. ***Note: The signature of the interpreter of the Sterilization Consent Form is considered a NON-CORRECTABLE FIELD and cannot be changed, edited or revised once submitted to Gainwell.**
*13	Date of interpreter's signature	The interpreter must date the form in the following format: **month/day/year**. The interpreters' date must coincide, be the same, as the date provided by the recipient. ***Note: The date of the signing of the Sterilization Consent Form by the interpreter is considered a NON-CORRECTABLE FIELD and cannot be changed, edited or revised once submitted to Gainwell.**
STATEMENT OF PERSON OBTAINING CONSENT		
14	Recipient's name	Enter the typed or printed first and last name of the recipient.
15	Specify type of operation	Enter the type of operation that will be performed.
*16	Signature of person obtaining consent	The person obtaining consent must sign the Sterilization Consent Form at the same time or after the recipient, but **PRIOR** to the date of sterilization. ***Note: The signature of the person obtaining consent is considered a NON-CORRECTABLE FIELD and cannot be changed, edited or revised once submitted to Gainwell.**
*17	Date of signature of person obtaining consent	The person obtaining consent must date the form in the following format: month/day/year. The person obtaining consent signature date will reflect at least **30 days**, but not more than **180 days** have passed prior to the procedure being done. ***Note: The date of the person obtaining consent is considered a NON-CORRECTABLE FIELD and cannot be changed, edited or revised once submitted to Gainwell.**

CONSENT TO STERILIZATION INSTRUCTIONS		
Filed	**Description**	**Instructions**
18	Name of person obtaining consent	Enter the typed or printed first and last name of the person obtaining consent.
19	Facility name	Enter the name of the facility where the recipient received counseling.
20	Facility address	Enter the address of the facility where the recipient received the sterilization information.
PHYSICIAN'S STATEMENT		
21	Recipient's name	Enter the typed or printed first and last name of the recipient.
22	Date of sterilization	Enter the date the sterilization was performed in the following format: **month/day/year**. NOTE: It is imperative that the date of surgery be clarified by reviewing the operative note to remedy claims denials due to an incorrect date of surgery.
23	Specify type of operation	Enter the type of operation that will be performed.
24	Instructions for use of alternative final paragraphs	Cross out the paragraph, which is not used. • At least thirty days have passed between the date of the recipient's signature on the Sterilization Consent Form and the date the sterilization was performed. • This sterilization was performed less than **30 days** but more than **72 hours** after the date of the recipient's signature on this Sterilization Consent Form because of the following circumstances **(check applicable box and fill in information requested):** ☐ Premature delivery Recipient's expected date of delivery: ☐ Emergency abdominal surgery **(describe circumstances in an attachment)** Enter the recipient's expected date of delivery in the following format: **month/day/year**.

CONSENT TO STERILIZATION INSTRUCTIONS		
Filed	**Description**	**Instructions**
25	Physician's signature	The physician's signature can only be affixed after the sterilization procedure is performed. This field must contain the signature of the physician who performed the procedure. Signature stamps are not permissible in this field. **Note: The physician may sign on the same day of the procedure or any time after the sterilization procedure is performed.**
26	Date of physician's signature	The date of the physician's signature must be in the following format: **month/day/year**, and must be on or after the date of the surgery.
27	Name of the physician	Enter the type or printed first and last name of the physician.
28	Medicaid Provider Identifier Number (NPI)	Enter the physician's National Provider Identifier (NPI).

ALABAMA MEDICAID AGENCY STERILIZATION CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITH HOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

Field 1
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 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

Field 2
Specify Type of Operation

The discomforts, risks, 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 thirty 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 with-holding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on Field 3 (Month/Day/Year).

I, Field 4 (Name of the Recipient)

hereby consent of my own free will to be sterilized by

Field 5
Physician or Clinic

by the method called Field 6 (Specify Type of Operation).

My 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 this 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.

X Field 7 (Recipient's Signature) X Field 8 (Date)

Field 9
Type/Print Recipient's Name

Field 10
Recipient's Medicaid Number

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the recipient to be sterilized: I have translated the information and advice presented orally to the recipient to be sterilized by the person obtaining the consent. I have also read him/her the consent form in Field 11 language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

Field 12
Interpreter's Signature

Field 13
Date

STATEMENT OF PERSON OBTAINING CONSENT

Before Field 14 (Name of the Recipient) signed the consent form, I explained to him/her the nature of the sterilization operation Field 15 (Specify Type of Operation), 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 recipient 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 recipient 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 recipient 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 consequence of the procedure.

X Field 16 (Signature of Person Obtaining Consent) X Field 17 (Date)

Field 18
Type or Print Name

Field 19
Facility

Field 20
Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

Field 21 (Name of the Recipient) on X Field 22 (Date of Sterilization)

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

Field 23
Specify Type of Operation,

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 recipient 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 recipient 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 recipient 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 consequence 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 recipient'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 days have passed between the date of the recipient's signature on the 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 recipient's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

☐ Premature delivery
Recipient's expected date of delivery: Field 24

☐ Emergency abdominal surgery **(describe circumstances in an attachment)**

X Field 25 (Physician's Signature) X Field 26 (Date)

Type/Print Name Field 27

NPI Number Field 28

Form 193 (Rev 9-26-2016)

Checklist for Consent Form Completion

Sterilization Claim & Primary Surgeon's Responsibility

It is the responsibility of the performing surgeon to submit a copy of the sterilization consent form to Gainwell. Providers other than performing surgeon should not submit a copy of consent form to Gainwell. Receipt of multiple consent forms slows down the consent form review process and payment of claims. Therefore, please do not forward copies of completed consent forms to other providers for submission to Gainwell.

When the claim for the sterilization procedure is submitted to Gainwell, the claim will suspend in the system for 35 days waiting for the approved consent form to be entered. The Saturday after the claim is keyed into the system, it will check to see if the consent form has been entered. It will check the system each Saturday, up to 35 days, for the approved consent form. After the 35tht day, the claim will deny for no consent form on file. If the approved consent form is found in the system during the 35 days, it will process the claim on the Saturday it finds the form.

Sterilization Consent Form

Clarification of the completion of the sterilization consent form reflecting CMS regulations and Alabama Medicaid policy (refer to the current Appendix C of the Alabama Medicaid Provider Manual and 42CFR50

a) All blanks on the consent form must be appropriately completed before the State may pay the provider for sterilization procedure.

b) The "Consent to Sterilization" must be signed by the person to be sterilized at least thirty days prior to the procedure date. The birth date must indicate the person to be at least twenty-one (21) years of age on the date the signature was obtained.

c) The interpreter, if one is used, must sign and date the consent the same day the recipient signs. In instances where the interpreter signs any date other than the date recorded by the recipient, the claim will be denied. If no interpreter is used, this section of the form must be marked as "not applicable" (N/A). If the Interpreter's Statement is signed and dated, please complete the "form of language" line also.

d) When it is not known in advance which specific physician will perform the procedure, it is acceptable to list a generic description of the physician, i.e. "staff physician, on-call physician, OB/GYN physician". When using a generic description and not a specific physician's name, the patient is to be informed that the physician on call or on duty will perform the procedure. The name of the provider facility (hospital, surgical center, etc.) or provider physician's group must also be entered in the same blank containing the generic physician description when the generic physician description is used. The physician who is named in the first paragraph of the consent form does not have to be the physician who performs the surgery and signs the "Physician's Statement".

e) Signature of person obtaining consent: The individual obtaining consent must sign after the recipient (may sign the same day as the recipient, as long as the recipient signs first) but prior to the procedure in order to properly document informed consent. In instances where the person obtaining consent does not sign prior to the procedure date, (date-wise – not time) the claim will be denied. In other words, denial will occur if the date of the signature of the person obtaining consent and the procedure date is the same or any date after the procedure date.

f) Procedure recorded in physician's statement: It is necessary for the recipient (by signature) to give consent in understanding their rights relative to the sterilization. Both sections of the form should indicate the same type of procedure; however, it is not necessary that the wording of the procedure/manner in which the sterilization is performed be identical under both sections of the form.

Most frequent causes of claims having to be returned for correction:	**Reasons consent forms and associated claims will be denied:**
1. Recipient's date of birth not the same on the claim and consent form.	1. Missing recipient signature.
2. Expected date of delivery not provided when the sterilization procedure is performed less than the required 30-day waiting period.	2. Missing or invalid date of recipient signature, including less than 30 days prior to procedure.
3. Expected date of delivery is recorded but indicator for premature delivery or emergency surgery is not checked.	3. Recipient under age 21 on date consent form was signed.
4. All blanks not appropriately completed.	4. Missing signature of person obtaining consent.
5. Physician's signature is missing.	5. Missing or invalid date of person obtaining consent, including date of procedure, or any later date.
6. Date of sterilization not the same on the claim and on the consent form	6. Missing interpreter signature (if one was used).

7. Legibility of dates and signatures.	7. Missing or invalid date of interpreter, including any date other than the date the recipient signed (if one was used).
8. Facility name not on the consent form.	8. Sterilization performed less than 72 hours after the date of the recipient signature on the consent form in cases of premature delivery and emergency abdominal surgery.

*** As a reminder if these guidelines are not followed, Gainwell will deny the consent form. ***