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| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-1 |
| Sterilization Clinic Manual | **Transmittal Letter**STR-20 | **Date**01/01/18 |

1. Introduction

(A) The maximum allowable fee for a sterilization service payable to licensed ambulatory

sterilization clinics is the fee listed in the applicable Executive Office of Health and Human Services fee schedule or the provider’s usual fee or charge, whichever is less.

(B) Sterilization services include at least the following: preoperative evaluation and counseling,

laboratory services, anesthesia, and postoperative care.

(C) All claims for sterilization services must have a completed Consent for Sterilization (CS-18 or

CS-21) form attached to the claim (see 130 CMR 485.409).

1. Service Codes and Descriptions

 The following services include local anesthesia or intravenous sedation and all physician and clinic

 services.

Service

Code Service Description

55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (S.P.)

58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral

58670 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)

58671 with occlusion of oviducts by device (e.g., band, clip, or Falope ring)

603 Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

PA Surgical or other invasive procedure on wrong body part

PB Surgical or other invasive procedure on wrong patient

PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

# This publication contains codes that are copyrighted by the American Medical Association. Certain

terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-2 |
| Sterilization Clinic Manual | **Transmittal Letter**STR-20 | **Date**01/01/18 |

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