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601 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).

602 Service Codes and Descriptions

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

Service

<u>Code</u>	<u>Service Description</u>
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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