



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER STR-14
January 2005

TO: Sterilization Clinics Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Sterilization Clinic Manual* (Revisions to Service Codes and Descriptions)

This letter transmits revisions to the service codes and descriptions in Subchapter 6 of the *Sterilization Clinic Manual*. A new service code has been added (58565). The revisions are effective for dates of service on or after January 1, 2005.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or directly from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The Division of Health Care Finance and Policy also has the regulations available on disk and on their Web site. The regulation title is 114.3 CMR 16.00: Surgery and Related Anesthesia Care and 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Providers with questions about the information in this transmittal letter may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Sterilization Clinic Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Sterilization Clinic Manual

Pages 6-1 and 6-2 – transmitted by Transmittal Letter STR-13

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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 Division of Health Care Finance and Policy 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 form (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.)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
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)

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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