




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter STR-17  
July 2012

**TO:** Sterilization Clinics Participating in MassHealth

**FROM:** Julian J. Harris, M.D., Medicaid Director 

**RE:** *Sterilization Clinic Manual* (New Modifiers for Provider Preventable Conditions That Are National Coverage Determinations)

This letter transmits updates to Subchapter 6 of the *Sterilization Provider Manual* to add modifiers for Provider Preventable Conditions (PPCs) that are National Coverage Determinations. For more information about PPCs and related billing instructions, see *Transmittal Letter ALL-195*.

These updates are effective for dates of service on or after July 1, 2012.

#### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

#### **Questions**

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

#### **NEW MATERIAL**

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

##### **Sterilization Clinic Manual**

Pages vi, vii, 6-1, and 6-2

#### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

##### **Sterilization Clinic Manual**

Pages vi and vii — transmitted by Transmittal Letter STR-12

Pages 6-1 and 6-2 — transmitted by Transmittal Letter STR-14

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Each manual in the series contains administrative regulations, billing regulations, program regulations, service codes and descriptions, billing instructions, and general information. MassHealth's regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. Regulations promulgated by MassHealth are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other provider manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For therapists, those matters are covered in 130 CMR Chapter 485.000, reproduced as Subchapter 4 in the *Sterilization Center Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which provide instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and with MassHealth members.

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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 (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

Code      Service Description

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)

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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