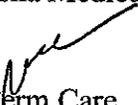


PROVIDER BULLETIN No 09-14

June 26, 2009

TO: Physicians Participating in Nebraska Medicaid

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid and Long Term Care

BY: Dr. Jeanne M. Garvin, Medical Director 
Division of Medicaid and Long Term Care

RE: Coverage of Essure Sterilizations

Effective September 1, 2009, Nebraska Medicaid will reimburse for the Essure sterilization procedure under the following conditions:

- The procedure must be prior authorized. For those clients in Medicaid managed care plans, the authorization will be done by the Plan. Authorization requests for the fee for service client will be submitted to the Medicaid Medical Director.
- This procedure will be available to patients with certain high risk factors that prevent a physician from performing a tubal ligation laparoscopically or surgically. Conditions to be considered for coverage of this procedure are:
 1. Morbid obesity with BMI > 40; **or**
 2. Abdominal adhesions, mesh or other abdominal conditions that would interfere with surgical options; **or**
 3. Severe medical problems that would contraindicate surgery/laparoscopy because of anesthesia risk; **AND**
 4. Other contraceptive options are contraindicated.
- Reimbursement will be limited to OB-Gyn providers with specialized training in this procedure.
- Clients must be Medicaid eligible on the date of service for Medicaid reimbursement to be available for that service, including the date of the required post surgical hysterosalpingogram.

- Routine sterilization guidelines apply – i.e. the client must be 21 years of age and mentally competent to give informed and voluntary consent, the sterilization is performed at least 30 days but no more than 180 days following the date informed consent (signature of the MMS-100 consent form) was given. Please see 471 NAC 18-004.06 for Medicaid policy regarding sterilizations.

BILLING AND REIMBURSEMENT

The CPT code for the Essure procedure is 58565. For a unilateral procedure, add a 52 modifier to the CPT code. The procedure is reimbursed according to the Medicaid fee schedule.

When the procedure is done in the practitioner's office/clinic, the Essure kit can be billed for by using the supply code 99070. Reimbursement for the kit itself will be at invoice cost; therefore, an invoice for the kit must also be submitted. This can be done by attaching the invoice to a paper claim or sending a paper attachment for an electronic claim.

When the procedure is done in a hospital inpatient or outpatient setting, the Essure kit will be billed for by the facility. Reimbursement will be according to the usual methodology for that facility.

For questions about the information in this Provider Bulletin or general sterilization questions, please contact the Program Specialist – Physician Services at (402) 471-9368.

Nebraska Medicaid Prior Authorization for Essure Procedure

Patient Name: _____

Date of birth _____ Medicaid ID # _____

Sterilization consent signed on (date) _____

Physician (print) _____

Physician address: _____

FAX number: _____ Phone number: _____

Medical reason for requesting Essure: (also attach medical record documentation supporting medical necessity): _____

Physician Signature: _____ Date: _____

Date and Place of Essure Training: _____

Submit this form to: **Nebraska Medicaid Medical Director** by:
Fax with your office coversheet to (402) 471-9092; or
Mail to P.O. Box 95026, Lincoln, NE 68509 – 5026

DO NOT WRITE BELOW THIS LINE – FOR MEDICAID DEPARTMENT RESPONSE ONLY

Approved for Essure sterilization procedure. All requirements of 471 NAC 18-004.06 must be met in addition to this approval.

Denied Essure sterilization procedure for the following reason(s) _____

Unable to determine based on available information. Please forward the following information:

Medicaid Medical Director: _____ Date: _____