

Indiana Medicaid Resolutions Manual

NAME: 4075 STERILIZATION REQUIRES MANUAL REVIEW (DTL)

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this form edit if a procedure code is billed indicating that a sterilization was performed for a member 21 years of age or older.

CRITERIA:

Set this edit if a claim is submitted for a member 21 years of age or older with a procedure code identified in form edit 4075.

Form edit 4075 can be found under Main Menu/BPA/Business rules editor/ Form Edit/ Select 4075 and click on the rule. The rule will be displayed to the right with the rule details.

EXCEPTIONS:

- A sterilization consent form is not necessary if the patient is not rendered sterile. Services listed in Family Planning services code set Table 1 - CPT and HCPCS Sterilization Procedure Codes that Suspend for Analyst Review of Consent Form may be for unilateral or bilateral services. If the provided service is unilateral and the patient is not rendered sterile, a sterilization consent form is not necessary. The physician must attach an operative report or a statement to the claim indicating that the procedure was unilateral, and the patient was not rendered sterile.
- A sterilization consent form is not necessary if the patient was previously rendered sterile. The physician must attach an operative report or a statement to the claim indicating that the patient was previously sterile. This statement should include patient name, reason for previous sterilization/condition, and physician signature.

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- A sterilization consent form is not needed when a patient was rendered sterile as a result of an illness or injury. The physician must attach an operative report or a statement to the claim indicating that the sterilization occurred due to an illness or injury when prior acknowledgement was not possible. The provider must also include a description of the nature of the emergency.

- A sterilization consent form is not necessary when a hysterectomy consent form is present. A sterilization procedure is secondary to the hysterectomy.

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4075	DENY
04	11	4075	SUSPEND
04	21	4075	SUSPEND
04	23	4075	SUSPEND
04	61	4075	SUSPEND
04	91	4075	SUSPEND
21	30	4075	PAY
21	32	4075	PAY
21	33	4075	PAY
21	34	4075	PAY
21	70	4075	PAY
21	72	4075	PAY
21	73	4075	PAY
21	74	4075	PAY

EOB: 4075 - PLEASE RESUBMIT WITH A VALID STERILIZATION CONSENT FORM.

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ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
M76	Missing/incomplete/invalid diagnosis or condition.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage:	19950101	22991231

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Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

If a sterilization consent form is not attached, deny the claim with EOB 4075.

If a sterilization consent form is attached, check to see if the following information is complete on the form:

Consent to Sterilization Section:

- a. The name of the doctor or clinic obtaining consent.
- b. The specific surgical procedure (e.g., tubal ligation, tubal fulguration, vasectomy).
- c. Member's birthday, member's age is 21 years or older at the time the consent form was signed.
- d. Member's signature. (Must be handwritten).
- e. The physician who will perform the procedure.
- f. The specific name of the surgical procedure (e.g., tubal ligation, tubal fulguration, vasectomy). The name of the procedure MUST appear EXACTLY as indicated in "B".
- g. The member's signature. (Must be handwritten)*
- h. The date when the member signs the form.*

* The member's signature and the date the member signed the consent form are non-correctable. If either the member's signature or date has been altered or changed, deny the claim with EOB 9175.

INTERPRETER'S STATEMENT:

- i. This section is completed only if the member requires the assistance of an interpreter, or if a language barrier exists, otherwise this section is blank.
- j. The language used by the interpreter.
- k. The signature of the interpreter. (Must be handwritten) If a language line (call-in Interpreter) is used, an attestation form from the interpreter must be attached to the consent form.
- l. The date the interpreter translated the consent form for the member. The interpreter signature date must be the same as the date the member signs the consent form.

STATEMENT OF PERSON OBTAINING CONSENT:

- m. The member's full name
- n. The specific surgical procedure (e.g., tubal ligation, tubal fulguration, vasectomy, etc.). The procedure must appear exactly as stated in "B. and "F".
- o. Signature of the person obtaining consent. This may be the physician who will perform the procedure or a member of his or her office or clinical staff. (Must be handwritten)

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- p. The signature date of the person obtaining the consent must be the same as the date the member signs the consent form.
- q. The name of the physician's office or clinic that obtains the consent form.
- r. The street address, city and state of the physician's office or clinic obtaining the consent form.

PHYSICIAN'S STATEMENT:

- s. The member's full name.
- t. The date must be the specific date of sterilization and must be at least 30 days and no more than 180 days following the signing of the consent form by the member.
- u. The specific name of the surgical procedure (e.g., tubal ligation, tubal fulguration, vasectomy, etc.) must be given and should be exactly the same as the procedure given in "B," "F," and "N."
- v. In case of premature delivery, i.e., EDC (Estimated day of confinement) must be moved up, or emergency abdominal surgery which results in the sterilization being performed in less than 30 days but more than 72 hours after the consent was obtained, the original EDC and /or the emergency resulting in the EDC change must be given on the consent form.
- w. Signature of the physician who performs the sterilization procedure. Signature stamps are NOT acceptable.
- x. Date of the signature of the physician who performs the sterilization procedure: this date must be the day of the surgery or within 30 days are after the surgery is completed; it CANNOT be PRIOR to the surgery.

- If all the required information is present on the consent form, force the detail.
- If the consent form is improperly completed, deny the claim using EOB 4075 and return the hard copy claim with a sterilization checklist to the provider.

Note: The signature dates on the consent form may be typed or handwritten.

EXCEPTION:

A sterilization consent form is not needed when a patient will be rendered sterile as a result of an illness or an injury. Waive the requirement of the sterilization consent form if documentation is submitted with the claim that shows the purpose of the surgery was not related to a voluntary sterilization, but was medically necessary. The physician must submit documentation with the following information:

- Certifies in writing that the sterilization occurred due to an illness or injury, when prior acknowledgement was not possible. Also include a description of the nature of the emergency.

For claim adjustments check the original claim to determine if edit 4075 was forced. If yes, then force the adjustment claim and set EOB 4075.

