

**Washington Apple Health (Medicaid)**

# **Sterilization Billing Guide**

**October 1, 2024**

## Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is in the most recent guide, please notify us at [askmedicaid@hca.wa.gov](mailto:askmedicaid@hca.wa.gov)

## About this guide \*

This publication takes effect **October 1, 2024**, and supersedes earlier billing guides to this program.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by HCA.

## How can I get HCA provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

## Confidentiality toolkit for providers

The [Washington State Confidentiality Toolkit for Providers](#) is a resource for providers required to comply with health care privacy laws.

## Where can I download HCA forms?

To download an HCA provider form, go to HCA's [Forms & publications webpage](#). Type only the form number into the Search box (Example: 13-835).

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\* This publication is a billing instruction.

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## What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
<a href="#">Does HCA pay the facility for sterilizations performed in a facility?</a>	Added the underlined language:  For hospital claims priced by ratio of costs-to-charges, the hospital must indicate on the claim all charges that are associated with the sterilization on their own line with the appropriate revenue code as noncovered. <u>The hospital must add the following note to the claim: "Sterilization charges moved to noncovered."</u>	To change the claims adjudication process to prevent claim denials when the consent form is not attached
<a href="#">Appendix C: Common Reasons Sterilization Claims are Denied</a>	Updated the Appendix	To include recent consent form errors that have resulted in denied claims

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## Resources Available

Topic	Resource
<b>Obtaining information regarding reproductive health or family planning programs, including questions about sterilization</b>	<p>Visit HCA's <a href="#">Family Planning Billing Guide</a>.</p> <p>Visit the Apple Health <a href="#">Billers, providers, and partners "contact us" webpage</a>.</p> <p>Contact the Family Planning Program: <a href="mailto:familyplanning@hca.wa.gov">familyplanning@hca.wa.gov</a></p>
<b>HCA-approved Sterilization Consent form</b>	<p>Visit <a href="#">U.S. Department of Health and Human Services</a> to download English and Spanish versions of HHS-687.</p>
<b>Pharmacy information</b>	<p>See HCA's <a href="#">Pharmacy Information</a> and the <a href="#">Prescription Drug Program Billing Guide</a>.</p>
<b>Additional HCA resources</b>	<p>See HCA's <a href="#">Billers, providers, and partners webpage</a>.</p>
<b>Billing and Claims</b>	<p>Providers must follow the billing requirements listed in HCA's <a href="#">ProviderOne Billing and Resource Guide</a>.</p>
<b>For additional billing guidance</b>	<p>See the following billing guides:</p> <ul style="list-style-type: none"> <li>• <a href="#">Outpatient Hospital Billing Guide</a></li> <li>• <a href="#">Physician-Related/Professional Services Billing Guide</a></li> <li>• <a href="#">Professional Administered Drugs Fee Schedule</a></li> </ul>

## Definitions

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This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [chapter 182-500 WAC](#) and [WAC 182-532-001](#) for additional definitions.

**Contraceptive** – A device, drug, product, method, or surgical intervention used to prevent pregnancy.

**Family Planning Only program** – The program that covers family planning and related services for eligible clients for 12 months from the date HCA determines eligibility.

**Family planning services** – Medically safe and effective medical care, educational services, and contraceptives that enable people to plan and space the number of their children and avoid unintended pregnancies.

**Informed consent** – A person’s consent to a procedure after the provider who obtained a properly completed consent form has done all the following:

- Disclosed and discussed the client's diagnosis
- Offered the client an opportunity to ask questions about the procedure and to request information in writing
- Given the client a copy of the consent form
- Communicated effectively using any language interpretation or special communication device necessary per [42 CFR 441.257](#)
- Given the client oral information about all the following:
  - The client's right to not obtain the procedure, including potential risks, benefits, and the consequences of not obtaining the procedure
  - Alternatives to the procedure including potential risks, benefits, and consequences
  - The procedure itself, including potential risks, benefits, and consequences

**Sterilization Consent form** – Unless otherwise specified in this billing guide, federal form [HHS-687](#).

**Tubal sterilization** – A permanent voluntary surgical procedure in which the Fallopian tubes are blocked, clamped, cut, burned, or removed to prevent pregnancy.

**Vasectomy** – A permanent voluntary surgical procedure in which the vas deferens (tubes that carry sperm from the testicles to the seminal vesicles) are cut, tied, burned, or otherwise interrupted to prevent pregnancy.

## Client Eligibility

Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See HCA's [Apple Health managed care page](#) for further details.

**It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.**

### How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

### Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's [ProviderOne billing and resource guide](#).

If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not eligible**, see the **Note** below.

Step 2. **Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program benefit packages and scope of services webpage](#).

**Note:** Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button. For patients age 65 and older or on Medicare, go to [Washington Connections](#) select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".



- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form.  
To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

## Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

**Yes.** Most Apple Health clients are enrolled in one of HCA's contracted managed care organizations (MCO). For these clients, managed care enrollment is displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained through the MCO's contracted network. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

**Note:** A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

**Send claims to the client's MCO for payment.** Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in [WAC 182-502-0160](#).

## Managed care enrollment

Most Apple Health clients are enrolled in an HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. Some clients may start their first month of eligibility in the fee-for-service (FFS) program because their qualification for MC enrollment is not established until the month following their Apple Health eligibility determination. **Exception:** Apple Health Expansion clients are enrolled in managed care and will not start their first month of eligibility in the FFS program. For more information, visit

**Apple Health Expansion.** Providers must check eligibility to determine enrollment for the month of service.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

### **Checking eligibility**

Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to HCA's [Apply for or renew coverage webpage](#).

### **Clients' options to change plans**

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account:**
  - Go to [Washington Healthplanfinder website](#).
- **Available to all Apple Health clients:**
  - Visit the [ProviderOne Client Portal website](#):
  - Request a change online at [ProviderOne Contact Us](#) (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."
  - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

For online information, direct clients to HCA's [Apple Health Managed Care](#) webpage.

## **Clients who are not enrolled in an HCA-contracted managed care plan for physical health services**

Some Apple Health clients do not meet the qualifications for managed care enrollment. These clients are eligible for physical health services under the fee-for-service (FFS) program.

In this situation, each managed care organization (MCO) will have a Behavioral Health Services Only (BHSO) benefit available for Apple Health clients who are not in integrated managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an integrated HCA-contracted managed care plan are automatically enrolled in a BHSO except for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the fee-for-service program will reimburse providers for the covered services. Examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption Support and Foster Care Alumni.

## Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

For full details on integrated managed care, see HCA's [Apple Health managed care webpage](#) and scroll down to "Changes to Apple Health managed care."

## Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care's (CC) Apple Health Core Connections Foster Care program receive both medical and behavioral health services from CC.

Clients under this program are:

- Under the age of 18 who are in foster care (out of home placement)
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care.**"

The Apple Health Customer Services staff can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care and Adoption Support Team at 1-800-562-3022, Ext. 15480.

## Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

## Apple Health Expansion

Individuals age 19 and older who do not meet the citizenship or immigration requirements to receive benefits under federally funded programs and who receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted health plan. For more information, visit [Apple Health Expansion](#).

## **American Indian/Alaska Native (AI/AN) Clients**

**American Indian/Alaska Native (AI/AN)** clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

## About Sterilization

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### What is sterilization?

WAC 182-531-1550(1)

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies and tubal sterilizations (including salpingectomies).

When a salpingectomy is performed for sterilization, all requirements in this billing guide must be met, including completing the federal consent form, and using diagnosis code Z30.2. A salpingectomy for sterilization when performed during a cesarean section must be billed using the add-on CPT® code 58611.

When salpingectomy is performed for sterilization for a client enrolled in the Family Planning Only program, all requirements in this billing guide must be met, including completing the federal consent form, and using diagnosis code Z30.2 with modifier FP.

A medically necessary salpingectomy performed to treat cancer, ectopic pregnancy, prophylaxis to prevent ovarian cancer in a high-risk person, and other gynecological reasons is not considered a sterilization and is not subject to the requirements in this billing guide, including completing a sterilization consent form.

**Note: Hysterectomy, oophorectomy, and urological procedures are not sterilization procedures.** HCA does not pay for these procedures when performed solely for the purpose of sterilization. These procedures are covered only when medically necessary. A sterilization consent form is not required when these procedures are performed for medical necessity. The client must be informed as part of the surgical consent that the procedure will cause sterility. For more information about these procedures and billing guidelines, see the [Physician-Related Services/Health Care Professional Services Billing Guide](#). The Hysterectomy Consent and Patient Information Form (HCA 13-365) is required for approval and payment.

### Who may perform sterilizations?

Any Washington Apple Health (Medicaid) provider who is licensed to do sterilizations within their scope of practice may provide vasectomies and tubal sterilizations to any Washington Apple Health client, including Family Planning Only clients.

## What are the consent requirements?

Federal regulations ([42 CFR section 441.256](#)) prohibit payment for sterilization procedures until a federally approved and accurately completed sterilization consent form is received with a claim. For Washington Apple Health, the consent form is federal form [HHS-687](#). HHS-687 is available in English, Spanish, large-print English, and large-print Spanish. Information and instructions for accurately completing the HHS-687 consent form is included in Appendix A.

To comply with this requirement, the following provider types must attach a copy of a completed HHS-687 consent form to their claim:

- Surgeons
  - Anesthesiologists and certified registered nurse anesthetists
  - Assistant surgeons
  - The facility in which the sterilization procedure was performed
- The surgeon must complete and sign the “physician statement” on the HHS-687 consent form within 30 days of the sterilization procedure.
  - HCA will deny a claim with a HHS-687 consent form that is missing information or not completed according to instructions in Appendix A.
  - HCA will deny a claim received without the HHS-687 consent form.

### Completion of HHS-687 sterilization consent form for a client ages 18-20

- Use the [HHS-687](#) consent form.
- Cross out “**age 21**” in the following three places on the form and write in the client’s age:
  - Section I: Consent to Sterilization: “**I am at least 21...**”
  - Section III: Statement of Person Obtaining Consent: “**To the best of my knowledge... is at least 21...**”
  - Section IV: Physician’s Statement: “**To the best of my knowledge... is at least 21...**”

## Who completes the consent form?

- [Sections I, II, and III of the sterilization consent form](#) are completed by the client, interpreter (if needed), and a provider from the clinic or call/practice group performing the sterilization. This may be a physician, advanced registered nurse practitioner, or physician’s assistant. Once the sterilization consent form is signed by all parties, the client must undergo the procedure no sooner than the 31st day and no later than the 180th day after the signature date. The day the consent form is signed is considered day one.

Note: If less than 31 days, refer to [What are the exceptions to the usual consent requirements for sterilization?](#) or [Section IV of the sterilization consent form](#).

- [Section IV](#), the bottom right portion of the sterilization consent form, must be completed within 30 days of the date of surgery by the provider who performed the surgery.

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## Coverage and Payment

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### Who is eligible for sterilizations?

The following are eligible:

- Washington Apple Health clients who are age 18 and older
- Clients enrolled in the Family Planning Only program who meet these age requirements

HCA requires prior authorization for sterilization when a client is one of the following:

- Age 56 or older seeking a tubal sterilization
- Institutionalized or mentally incompetent (See [When does HCA cover sterilization for clients who are institutionalized or have been found mentally incompetent?](#))

For information on how to submit a prior authorization request, see the [Physician-Related Services/Health Care Professional Services Billing Guide](#).

### What does HCA cover for Family Planning Only clients?

#### Coverage

The Family Planning Only program has limited coverage for family planning and related services. Sterilization is a covered service for Family Planning Only clients.

#### Drugs

When a client is enrolled in the Family Planning Only program and undergoes sterilization, HCA covers a limited number of prescription anti-anxiety medications before the sterilization, and pain medications after the sterilization. For information on prescribing and billing limits for drugs related to sterilization procedures, see HCA's [Prescription Drug Program Billing Guide](#).

#### Payment

For clients in the Family Planning Only program, HCA does not pay for other medical services unless they are medically necessary for clients to use their chosen birth control method (including sterilization) safely and successfully. See the [Family Planning Billing Guide](#) for more details.

For clients in the Family Planning Only program, only claims submitted with diagnosis and procedure codes related to family planning and related services are processed for payment. For a list of covered codes, see the [Family Planning Fee Schedule](#).

## Complications

For clients enrolled in the Family Planning Only program, HCA covers complications resulting from sterilizations on a case-by-case basis. Contact HCA's [Family Planning Program](#).

## When does HCA pay for sterilizations for clients enrolled in managed care plans?

HCA pays for sterilizations for clients age 18 through 20 who are enrolled in an HCA-contracted managed care organization (MCO) under fee-for-service. This age group may self-refer to a fee-for-service provider who accepts Apple Health. All other managed care clients age 21 and older must obtain sterilization services from a provider contracted with their HCA-contracted MCO.

For information on prescribing, coverage, and billing for drugs related to sterilization procedures when not contracted with an HCA-contracted MCO, see HCA's [Prescription Drug Program Billing Guide](#).

## When are sterilizations covered?

HCA covers sterilizations when all the following apply:

- The client has voluntarily given informed consent.
- The client undergoes the procedure no sooner than the 31st day and no later than the 180th day after signing the consent. The day the consent form is signed is considered day one.
- The client is at least age 18 at the time an HCA-approved consent form is signed. See Completion of [HHS-687](#) sterilization consent form for a client ages 18-20 and [Appendix A](#) for special instructions for clients 18-20.
- The client is mentally competent.
- The client participates in a Washington Apple Health program ([WAC 182-501-0060](#)).

## When are sterilizations paid?

- HCA pays providers for the sterilization procedure only when a qualified provider submits a completed [HHS-687](#) consent form with the claim for reimbursement.
- HCA pays only after the procedure is completed.

**Note:** The Centers for Medicare and Medicaid Services (CMS) released an updated version of [HHS-687](#) with expiration date July 31, 2025. HCA will accept [HHS-687](#) forms with expiration date April 30, 2022, for sterilization claims with a date of service on or before February 28, 2023.



## Does HCA pay for an office visit related to a sterilization procedure?

**Yes.** HCA pays for an office visit that includes counseling associated with sterilization and obtaining the client's signature on the consent form. HCA pays for this visit even if after the visit the client chooses not to be sterilized. See HCA's [Physician-Related Services/Healthcare Professional Services Billing Guide](#) for how to bill for office visits.

For clients in the Family Planning Only program who plan to have a vasectomy, the initial preoperative sterilization office visit is payable when performed on the same day as a family planning preventive visit. For more information about Family Planning Only, see HCA's [Family Planning Billing Guide](#).

## Does HCA pay anesthesia providers for sterilizations?

**Yes.** HCA pays for anesthesia necessary to perform sterilization. Follow the billing guidelines in the [Physician-Related Service/Health Care Professional Service Billing Guide](#).

- When sterilization is done in conjunction with a delivery, HCA pays as follows:
  - If the two procedures are performed during the same operative session, anesthesia time for the sterilization is added to the time for the delivery.
  - HCA pays for epidural anesthesia in excess of the six-hour limit when sterilization is performed in conjunction with or immediately following a delivery.
  - If the sterilization and delivery are performed during different operative sessions, the time for each procedure is calculated separately.
- If the consent form is missing or not filled out according to the instructions in [Appendix A](#), HCA will deny the portion of the claim related to sterilization. HCA will process all other covered services on the claim.

## Does HCA pay assistant surgeons for sterilizations?

**Yes.** HCA pays for assistant surgeons to assist sterilization procedures when necessary. Follow the billing guidelines in the [Physician-Related Service/Health Care Professional Service Billing Guide](#).

If the consent form is missing or not filled out according to the instructions in [Appendix A](#), HCA will deny the portion of the claim related to sterilization. HCA will process all other covered services on the claim.

## Does HCA pay the facility for sterilizations performed in a facility?

**Yes.** HCA pays facilities (ambulatory surgery centers and hospitals) for sterilizations performed in those facilities. Follow the billing guidelines in the [Outpatient Hospital Services Billing Guide](#), the [Inpatient Hospital Services Billing Guide](#), and the [Ambulatory Surgery Centers Billing Guide](#).

If the consent form is missing or not filled out according to the instructions in [Appendix A](#):

- HCA will deny claims with a primary purpose of sterilization.
- When labor/delivery (including C-section) and a sterilization are performed during the same hospital stay, HCA pays only for the labor/delivery (including C-section) if the sterilization did not comply with the informed consent requirement.
  - For hospital claims priced by ratio of costs-to-charges, the hospital must indicate on the claim all charges that are associated with the sterilization on their own line with the appropriate revenue code as noncovered. The hospital must add the following note to the claim: "Sterilization charges moved to noncovered."
  - For hospital claims priced by diagnosis-related group, it is not necessary for the hospital to indicate sterilization services as noncovered on the claim. HCA will review each claim to identify sterilization-related codes (surgical, diagnosis, and revenue). HCA will manually reprice the claims to remove payment for sterilization.

**Note:** Please email [hcafamilyplanning@hca.wa.gov](mailto:hcafamilyplanning@hca.wa.gov) for questions or requests about reduced payment on a denied hospital claim for sterilization. Reduced payment is not an option for hysterectomy procedures.

## Does HCA pay for sterilizations performed in conjunction with another procedure?

**Yes.** HCA pays for these sterilizations if the services meet the requirements for sterilization. Submit an HCA-approved sterilization consent form with the claim.

## When does HCA cover sterilization for clients who are institutionalized or have been found mentally incompetent?

HCA requires prior authorization for a sterilization procedure when a client is institutionalized or has been found mentally incompetent.

At least 30 days prior to the sterilization procedure, the provider must submit the following to HCA:

- A completed, typed General Information for Authorization form, HCA 13-835
- A sterilization consent form signed by the client's legal guardian
- A court order, which includes both of the following:
  - A statement that the client is to be sterilized
  - The name of the legal guardian who will be giving consent for the sterilization

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Providers must attach a completed [HHS-687](#) consent form to the claim. The client's legal guardian must sign the form at least 30 days before the procedure date, and the surgeon must complete Section IV.

## What are the exceptions to the usual consent requirements for sterilization?

### Allowing a 72-hour waiting period

In two circumstances, HCA requires at least a 72-hour consent waiting period rather than the 30-day waiting period for sterilization:

- At the time of premature delivery when the client gave consent at least 30 days before the expected date of delivery. The expected date of delivery must be documented on the [HHS-687](#) consent form. Premature delivery is a delivery that occurs less than 37 weeks gestation. See instructions for the sterilization consent form in [Appendix A](#).
- For emergency abdominal surgery, including medically-indicated cesarean sections. The nature of the emergency must be described on the [HHS-687](#) consent form. See instructions for the sterilization consent form in [Appendix A](#).

### When is a consent form invalid?

HCA considers a client incapable of informed consent when the client is in any of the following conditions:

- In labor or childbirth
- In the process of seeking to obtain or obtaining an abortion
- Under the influence of alcohol or other substances, including pain medications for labor and delivery, that affect the client's state of awareness and ability to give informed consent

Under any of the conditions listed above, HCA will not accept a signed sterilization consent form.

## Coverage Table

**Note:** Due to its licensing agreement with the American Medical Association, HCA publishes only the official, short CPT® code descriptions. To view the full descriptions, refer to a current CPT book.

CPT® Code	Short Description	Comments
00840	Anesth surg lower abdomen	May only be used with 58670, 58661, and 58671
00851	Anesth tubal ligation	
00921	Anesth vasectomy	
55250	Removal of sperm duct(s)	Used for vasectomies performed by any method
58600	Division of fallopian tube	Abdominal or vaginal approach
58605	Division of fallopian tube	Associated with a vaginal delivery
58611	Ligate oviduct(s) add-on	Associated with a cesarean delivery
58615	Occlude fallopian tube(s)	For external occlusive devices only, such as band, clip, or fallopian ring. Vaginal or suprapubic approach.
58661	Laparoscopy remove adnexa	Only payable as a sterilization when the procedure is a salpingectomy when billed with diagnosis Z30.2 and *modifier FP. An oophorectomy is not payable when done only for the purpose of sterilization.  *Modifier FP is needed for billing under the Family Planning Only program. It is not needed when billing under other programs
58670	Laparoscopy, tubal cautery	

CPT® codes and descriptions only are copyright 2023 American Medical Association.

CPT® Code	Short Description	Comments
<b>58671</b>	Laparoscopy, tubal block	For external occlusive devices only, such as band, clip, or fallopian ring.
<b>58700</b>	Removal of fallopian tube	<p>Payable as a sterilization only when billed with diagnosis Z30.2 and modifier FP*.</p> <p>*Modifier FP is needed for billing under the Family Planning Only program. It is not needed when billing under other programs</p>

**Office Visits:** HCA pays for an office visit for the visit that includes counseling associated with sterilization and obtaining the client's signature on the [HHS-687](#) consent form. HCA pays for this visit even if after the visit the client chooses not to be sterilized. See HCA's [Physician-Related Services/Healthcare Professional Services Billing Guide](#) for how to bill for evaluation and management visits.

## Appendices

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### Appendix A: Consent form instructions

- HCA accepts [HHS-687](#) consent forms completed according to the following instructions:
  - Do not use abbreviations on the form.
  - The form must be signed with either:
    - A handwritten signature in ink; or
    - An electronic signature. See HCA's [Electronic Signature Guidance](#) for more information.

**Note:** Typed signatures without additional authentication are not acceptable on the HHS-687 consent form.

- If an interpreter's or the consenter's signature is not legible, print the name legibly underneath the signature line.
- The Apple Health (ProviderOne) client identification number may be written on the form to help identify that the client on the consent matches the claim.
- Race and ethnicity are voluntary and not required for payment.
- The interpreter's statement (Section III) is completed as needed for individual clients.
- All information on the HHS-687 consent form **must be legible**. Do not cover up or obstruct portions of the form.

### What can and cannot be changed on a consent form?

Only the client may make changes to Section I. Changes to Section I may be made only at the time of initial consent. Clients can correct their entry if they make a mistake on the date of birth (line 3) or printing their full name (line 4). Clients cannot correct any other line in Section I. If a mistake is made, it is better to complete and sign a new consent form.

Only the interpreter may make changes to Section II. Changes to Section II may be made only at the time of initial consent.

Only the person obtaining consent may make changes to Section III. Changes to Section III may be made only at the time of initial consent. Items that can be corrected are:

- Printed name of clinic or provider
- Address of clinic

Only the physician completing Section IV may make changes to this section. Changes to Section IV may be made up to 30 days after the procedure.

Providers can correct their miswritten entries by crossing out the incorrect information, initialing and dating next to the mistake, and writing in the correct information legibly.

Clients, interpreters, and providers cannot amend or correct the following items:

- Any signature
- Dates of consent by client, interpreter, and provider

HCA recommends using the fill-in capability of the federal consent form to reduce the amount of handwritten information on the form. This makes the form more legible for review.

### Instructions for the HHS-687 consent form

(The actual federal consent form does not have section and line numbers. The example in Appendix B has section and line numbers to show where each instruction refers.)

## Section I: Consent to Sterilization

Line	Instructions
<b>1. Doctor or Clinic:</b>	<p>Must be the full name of the health professional, clinic, or practice group that gave the client the federally required information regarding sterilization and informed consent.</p> <p>Can be a provider at a specific clinic/practice, a clinic name, or a provider on call with a specific clinic/practice. Does not have to be the same name as on line #24.</p> <p>HCA will not accept "physician on call" or abbreviations.</p> <p>Tip: There is less confusion if lines #1, #5 and #16 match.</p>

Line	Instructions
<p><b>2. Specify Type of Operation</b></p>	<p>Indicate a single type of sterilization procedure. Procedure must be the same on lines #2, #6, #13, and #20. The client may consent to only one type of procedure.</p> <p>Abbreviations are not accepted. "Tubal" alone is not accepted.</p> <p>Examples of acceptable procedure names: Vasectomy, tubal sterilization, tubal ligation, laparoscopic tubal ligation, laparoscopic tubal sterilization, or salpingectomy. The terms bilateral or unilateral are acceptable if they are followed by a procedure name. HCA recognizes that there are various techniques used for sterilization and that the term "tubal ligation" is commonly used to refer to cauterization, occlusion, and ligation.</p>
<p><b>3. Date</b></p>	<p>Must be the client's birth date. The date must match the client's birth date in ProviderOne.</p> <p>If the client is not 21 years of age, the age "21" next to the date of birth must be crossed out with a single line and the age of the client must be written in. The client must be at least 18 at the time of consent.</p>
<p><b>4. Space for name of person being sterilized</b></p>	<p>Must be the client's printed name as shown in ProviderOne. Must be the same name as lines #12 and #18 on this form.</p> <p>Tip: Check that the name the client is using is the same as in ProviderOne.</p> <p>Tip: Write the client's ProviderOne ID on the form. An open space such as the upper left-hand corner or near a patient sticker if that is put on the form.</p>
<p><b>5. Doctor or Clinic</b></p>	<p>See line #1</p>
<p><b>6. Specify Type of Operation</b></p>	<p>See line #2. Procedure must be the same on lines #2, #6, #13, and #20.</p>
<p><b>7. Signature</b></p>	<p>Must be client's usual legal signature. Must be signed in ink or with an electronic signature that meets <a href="#">HCA requirements</a>.</p>



Line	Instructions
<b>8. Date</b>	<p>Date of consent. Must be the date that client was initially counseled regarding sterilization. Must be the same date as #11 and #15.</p> <p>Must be more than 30 days, but less than 181 days, from the date of sterilization (line #19). <b>Note:</b> This is true even of shorter months such as February.</p> <p>The sterilization may be done on the 31st through 180th day from the date of the client’s signature.</p> <p>Example: <i>If the HHS-687 form was signed on 3/2/2016, the client has met the 30-day wait period and can have their sterilization on 4/1/2016.</i></p> <p>If less than 30 days, see <a href="#">What are the exceptions to the usual consent requirements for sterilization?</a> and section IV of the form.</p>

## Section II: Interpreter’s Statement

Line	Instructions
<b>9. Space for client’s language</b>	Must specify language into which the sterilization information statement has been translated to for the client.
<b>10. Interpreter’s signature</b>	Must be interpreter’s original signature in ink or signed with an electronic signature that meets <a href="#">HCA requirements</a> .
<b>11. Date</b>	The date the interpreter translated for the client must be the same date the client signed. Must be the same date as lines #8 and #15.

## Section III Statement of Person Obtaining Consent

Line	Instructions
<b>12. Name of individual</b>	See line #4.
<b>13. Specify type of operation</b>	See line #2. Procedure must be the same on lines #2, #6, #13, and #20.

Line	Instructions
<b>Age of client (middle of Section IV)</b>	If the client is not 21 years of age, the age "21" in the 1st sentence of the 3rd paragraph must be crossed out with a single line and the age of the client must be written in.
<b>14. Signature of person obtaining consent</b>	Must be usual legal signature signed in ink or with an electronic signature that meets <a href="#">HCA requirements</a> .
<b>15. Date</b>	Date consent was obtained. Must be the same as #8 and #11.
<b>16. Facility</b>	See line #1.  Tip: For legibility, print the name of the person obtaining consent on line #16 below the signature.
<b>17. Address</b>	Must be physical address of medical practice/group, clinic, or health professional's office where the consent was signed.

## Section IV Physician's Statement

Line	Instructions
<b>18. Name of Individual:</b>	See line #4.
<b>19. Date of Sterilization:</b>	<p>Must be more than 30 days, but less than 181 days, from client's signed consent date listed in line #8, #11, and #15.</p> <p>If less than 30 days, see <a href="#">What are the exceptions to the usual consent requirements for sterilization?</a> and section IV of the form.</p> <p>Date must match the date of procedure on the submitted claim</p>

Line	Instructions
<p><b>20. Specify Type of Operation:</b></p>	<p>Indicate the type of sterilization operation performed. It must match the type of operation on the claim submitted by the surgeon.</p> <p>Procedure must be the same on lines #2, #6, #13, and #20.</p> <p>Abbreviations are not accepted. "Tubal" alone is not accepted.</p> <p>Examples of acceptable operation names: Vasectomy, salpingectomy, tubal ligation, laparoscopic tubal ligation, or salpingectomy. The terms bilateral or unilateral are acceptable as long as they are followed by a procedure name. HCA recognizes that there are various techniques used for sterilization and that the term "tubal ligation" is commonly used to refer to cauterization, occlusion, and ligation.</p>
<p><b>Age of client (middle of section IV)</b></p>	<p>If the client is not 21 years of age, the age "21" in the 1st sentence of the 4th paragraph must be crossed out with a single line and the age of the client must be written in.</p>
<p><b>21. Premature Delivery:</b></p>	<p>Check if delivery is premature. Premature means a delivery occurring at less than 37 weeks gestation.</p> <p>Cross out the paragraph identified with (1) as instructed on the consent form.</p>
<p><b>22. Expected Date of Delivery</b></p>	<p>To be completed if there is a premature delivery. Enter the expected date of delivery. Do not use the actual date of delivery.</p>
<p><b>23. Emergency Abdominal Surgery:</b></p>	<p>Check if emergency abdominal surgery is required.</p> <p>On line #24, list diagnosis codes if sterilization was done at the time of emergency abdominal surgery. This includes medically indicated cesarean sections. It is unnecessary to write descriptions if the diagnosis codes indicate what the emergency was.</p> <p>Cross out the paragraph identified with (1) as instructed on the consent form.</p>
<p><b>24. [blank] Reason for waiving the 30 day waiting period:</b></p>	<p>To be completed if the 30 day waiting period is waived.</p> <p>If it is emergency abdominal surgery see instruction for line 23.</p>

Line	Instructions
<b>25. [blank] Surgeon's printed name</b>	Print the provider's name signed on line #25. To verify the claim for payment the provider's name must be printed above the signature or located nearby (may be on a patient sticker).
<b>26. Physician's signature</b>	Must be the provider who actually performed the sterilization procedure. Must be signed in ink or with an electronic signature that meets <a href="#">HCA requirements</a> . Name must be the same name as on the primary surgeon's claim submitted for payment.
<b>27. Date</b>	Date of provider's signature. Must be no later than 30 days after the sterilization procedure.  Tip: It is best if Section IV is signed and dated on the date of the procedure to prevent delay in payment for other providers and facilities that are billing for the same procedure.

## Appendix B: Consent Form

(This is an example. The current HCA-approved sterilization form is federal form HHS-687.)

Form Approved: OMB No. 0937-0166  
Expiration date: 7/31/2025

### CONSENT FOR STERILIZATION

**NOTICE:** YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

#### Section I ■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from \_\_\_\_\_<sup>1</sup>. When I first asked \_\_\_\_\_<sup>2</sup> *Doctor or Clinic*

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a \_\_\_\_\_<sup>3</sup>. The discomforts, risks

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: \_\_\_\_\_<sup>4</sup> *Date*

I, \_\_\_\_\_<sup>5</sup>, hereby consent of my own free will to be sterilized by \_\_\_\_\_<sup>6</sup> *Doctor or Clinic*

by a method called \_\_\_\_\_<sup>7</sup> *Specify Type of Operation*. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

\_\_\_\_\_<sup>8</sup> *Signature* \_\_\_\_\_<sup>9</sup> *Date*

You are requested to supply the following information, but it is not required: *(Ethnicity and Race Designation) (please check)*

*Ethnicity:* \_\_\_\_\_  
*Race (mark one or more):*  
 Hispanic or Latino  American Indian or Alaska Native  
 Not Hispanic or Latino  Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

#### Section II ■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_<sup>10</sup>

language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

\_\_\_\_\_<sup>11</sup> *Interpreter's Signature* \_\_\_\_\_<sup>12</sup> *Date*

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#### ■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before \_\_\_\_\_<sup>13</sup> signed the

consent form, I explained to him/her the nature of sterilization operation \_\_\_\_\_<sup>14</sup> *Name of Individual*

\_\_\_\_\_, the fact that it is \_\_\_\_\_<sup>15</sup> *Specify Type of Operation*

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

\_\_\_\_\_<sup>16</sup> *Signature of Person Obtaining Consent* \_\_\_\_\_<sup>17</sup> *Date*

\_\_\_\_\_<sup>18</sup> *Facility*

\_\_\_\_\_<sup>19</sup> *Address*

#### ■ PHYSICIAN'S STATEMENT ■ Section IV

Shortly before I performed a sterilization operation upon

\_\_\_\_\_<sup>20</sup> on \_\_\_\_\_<sup>21</sup> *Name of Individual* *Date of Sterilization*

I explained to him/her the nature of the sterilization operation \_\_\_\_\_<sup>22</sup> *Specify Type of Operation*

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

**(Instructions for use of alternative final paragraph:** Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

Premature delivery \_\_\_\_\_<sup>23</sup>  
Individual's expected date of delivery: \_\_\_\_\_<sup>24</sup>  
 Emergency abdominal surgery (describe circumstances): \_\_\_\_\_<sup>25</sup>

\_\_\_\_\_<sup>26</sup> \_\_\_\_\_<sup>27</sup>

\_\_\_\_\_<sup>28</sup> *Physician's Signature* \_\_\_\_\_<sup>29</sup> *Date*

## Appendix C: Common Reasons Sterilization Claims are Denied

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- Changes to Section I, II, or III are made after the date of initial consent.
- Changes to Section IV are made by someone other than the provider who performed the sterilization and signed Section IV.
- Changes are made to any line that may not be amended per the consent instructions in Appendix A.
- Tubal ligation is listed as the type of operation on lines 2, 6, 13, or 20, but claim coding indicates the client underwent salpingectomy.
- Tubal ligation and salpingectomy are listed together as the type of operation on lines 2, 6, or 13.
- A copy of the consent form is NOT attached.
- An interpreter is used when obtaining consent, but the interpreter does not sign Section II.
- There are blank lines on the [consent form](#). (All lines in sections I, II, and IV must be completed, except lines 21, 22, and 23, which are required only in certain cases.)
- On the consent form, there are fewer than 30 days from the date of the client's signature (line 8) to the date of the sterilization operation (line 19).
- The sterilization date on the consent form (line 19) is not the same as the sterilization date on the claim.
- The provider who signs the consent form (line 26) is not the provider listed on the claim as performing the sterilization procedure.
- The provider's signature is illegible on the consent form and the provider's name is not printed above his or her signature (line 25, 26).
- The handwriting on the consent form is illegible or the photocopy quality is too poor to read.
- No expected date of delivery is listed with a premature delivery (line 22).
- Chart labels or stickers cover up information or signatures on the consent form.