



TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses (APRNs) and Certified Nurse Midwives

RE: Removal of the Prior Authorization Requirement from HCPCS A4264

The purpose of this bulletin is to provide additional guidance concerning Healthcare Common Procedure Coding System (HCPCS) code A4264 (Permanent implantable contraceptive intratubal occlusion device(s) and delivery system). Effective for dates of service March 1, 2015 and forward, prior authorization (PA) will no longer be required for HCPCS code A4264, when the service is performed in a place of service (POS) / facility type code (FTC) Ambulatory Surgical Center (ASC) (POS/FTC 24) or an outpatient hospital (POS/FTC 22). This provider bulletin supersedes PB 2010-16, "Physician Fee Schedule: Addition of HCPCS A4264", which was published in April 2010.

As a reminder, PA is not required for HCPCS A4264 when performed in the office setting (POS/FTC 11). PA is also not required for Current Procedural Terminology (CPT) code 58565 (Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants) when performed in the office (POS/FTC 11), ASC (POS/FTC 24), or outpatient hospital (POS/FTC 22) settings.

Providers are also reminded that, per Section 17b-262-348(r)(1) Payment Limitations of the Regulations of Connecticut State Agencies, the Department shall pay for services related to sterilization only if the client is at least 21 years of age and has given informed consent in accordance with 42 CFR 441.257 and 42 CFR 441.258, as amended from time to time. Proof of informed consent must be documented by a completed Consent to Sterilization Form, Federal Form OMB No. 0937-0166.

The informed consent form is located on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From the Home page, go to "Publications" then to "Forms", and select "Consent to Sterilization Form", Federal Form OMB No. 0937-0166 (formerly DSS form W-612). In order for a claim to process and pay, the signed informed consent form must be sent to HP at:

HP
P.O. Box 2942
Hartford, CT 06104

If you have any questions concerning claim or informed consent submission, please contact the HP Provider Assistance Center Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440. For questions regarding PAs, please contact CHNCT at 1-800-440-5071.