



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Medicaid Advisory Letter (MAL) No. 612

DATE: March 13, 2018; Revised April 16, 2018

TO: Eligible Medicaid Providers of Professional, Outpatient and Institutional Reproductive Health Services
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Barbara R. Sears, Medicaid Director

SUBJECT: Guidelines for Completing Ohio Department of Medicaid Form ODM 03199, "Acknowledgment of Hysterectomy Information," Ohio Department of Medicaid Form ODM 03197, "Abortion Certification Form," and U.S. Department of Health and Human Services Form HHS-687, "Consent for Sterilization"

The Ohio Department of Medicaid (ODM) has developed guidelines for completing form ODM 03199, "Acknowledgment of Hysterectomy Information," formerly ODJFS 03199 and U.S. Department of Health and Human Services Form HHS-687, "Consent for Sterilization," to clarify what documentation must be submitted before Medicaid providers can receive payment for performing a hysterectomy or sterilization procedure in accordance with Ohio Administrative Code rule 5160-21-02.2, "Medicaid covered reproductive health services: permanent contraception/sterilization and hysterectomy." These guidelines have been combined into a single reference document, designated ODM 03199i, which is available on the Medicaid Forms Listing page of the ODM website.

Guidelines have also been developed for completing form ODM 03197, "Abortion Certification Form," formerly ODJFS 03197, to clarify what documentation must be submitted before Medicaid providers can receive payment for performing an abortion procedure in accordance with Ohio Administrative Code rule 5160-17-01, "Abortions." The instruction document, designated ODM 03197i, is available on the Medicaid Forms Listing page of the ODM website.

ODM requires providers to begin using the latest versions of the forms ODM 03197 and 03199 (8/2017 versions), effective April 1, 2018. ODM's production of forms ODJFS 03197 and 03199 has been discontinued although providers may continue to use and deplete their existing stock.

From the main ODM webpage, <http://www.medicaid.ohio.gov>, the Medicaid Forms Listing page can be found by following the path **RESOURCES > Publications > Medicaid Forms**. The URL is <http://medicaid.ohio.gov/Resources/Publications/MedicaidForms.aspx>.

Note: when procedures are performed as part of an inpatient stay, the appropriate form should be attached to both the inpatient claim and the professional claim.

HYSTERECTOMY

Form ODM 03199, "Acknowledgment of Hysterectomy Information," is used if the medical procedure or operation removed the uterus and *was not performed for the sole purpose of sterilization*. The procedure must have been medically necessary. Some common reasons why a hysterectomy may be performed include cancer of the uterus, cervix, or ovaries; endometriosis; uterine fibroids that cause pain, bleeding, or other problems; chronic pelvic pain.

Form ODM 03199 must be completed before payment can be made for hysterectomy procedures represented by the following CPT codes:

51925	58267	58541	58571
58150	58270	58542	58572
58152	58275	58543	58573
58180	58280	58544	58575
58200	58285	58548	58951
58210	58290	58550	58953
58240	58291	58552	58954
58260	58292	58553	58956
58262	58293	58554	59135
58263	58294	58570	59525

Form ODM 03199 must be completed before payment can be made for hysterectomy procedures represented by the following ICD-10 inpatient hysterectomy codes:

0UT90ZL	0UT94ZZ	0UT98ZL	0UT9FZZ
0UT90ZZ	0UT97ZL	0UT98ZZ	
0UT94ZL	0UT97ZZ	0UT9FZL	

ABORTION

Form ODM 03197, "Abortion Certification Form," is used if the medical procedure or operation on the claim indicates that an abortion was performed.

Form ODM 03197 must be completed before payment can be made for abortion procedures represented by the following CPT codes:

59840	59851	59856
59841	59852	59857
59850	59855	59866

Form ODM 03197 must be completed before payment can be made for abortion procedures represented by the following ICD-10 inpatient abortion codes:

10A00ZZ	10A04ZZ	10A07ZX	10A07ZZ
10A03ZZ	10A07Z6	10A07ZW	10A08ZZ

STERILIZATION

Form HHS-687, "Consent for Sterilization," is used if the procedure, treatment, or operation is performed for the purpose of rendering an individual permanently incapable of reproducing. Such procedures include vasectomy as well as tubal ligation.

Form HHS-687 must be completed before payment can be made for sterilization procedures represented by the following CPT codes:

00851	58565	58615	58940
00921	58600	58661	58670
55250	58605	58700	58671
55450	58611	58720	

Form HHS-687 must be completed before payment can be made for sterilization procedures represented by the following ICD-10 inpatient sterilization codes:

0V5Q0ZZ	0VLQ0CZ	0U578ZZ	0VBQ8ZX
0V5Q3ZZ	0VLQ0DZ	0UL70CZ	0VBQ8ZZ
0V5Q4ZZ	0VLQ0ZZ	0UL70DZ	0VHR0YZ
0VBQ0ZZ	0VLQ3CZ	0UL70ZZ	0VHR3YZ
0VBQ3ZZ	0VLQ3DZ	0UL73CZ	0VHR4YZ
0VBQ4ZZ	0VLQ3ZZ	0UL73DZ	0VHR7YZ
0VLH0CZ	0VLQ4CZ	0UL73ZZ	0VHR8YZ
0VLH0DZ	0VLQ4DZ	0UL74CZ	0VLQ8CZ
0VLH0ZZ	0VLQ4ZZ	0UL74DZ	0VLQ8DZ
0VLH3CZ	0VTQ0ZZ	0UL74ZZ	0VLQ8ZZ
0VLH3DZ	0VTQ4ZZ	0UL77DZ	
0VLH3ZZ	0U570ZZ	0UL77ZZ	
0VLH4CZ	0U573ZZ	0UL78DZ	
0VLH4DZ	0U574ZZ	0UL78ZZ	
0VLH4ZZ	0U577ZZ	0V5Q8ZZ	

Note: *This document represents ODM's best efforts to provide the most accurate and current information. Because coding information may change annually, please refer to the current version of CPT®, ICD-10-CM, and HCPCS manuals.*

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

Please contact the Medicaid managed care plans for their specific claim submission requirements.

Questions

Questions pertaining to this letter may be directed to the Ohio Department of Medicaid.

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