Hysteroscopy with Fallopian Tube Inserts

FORMS REQUIRED:
- HCA-3 English – use for English speaking members
- HCA-3 Spanish – use for Spanish speaking members

SEE Provider Letter OHCA 2014-08

DOCUMENTATION REQUIRED (SoonerCare, Insure Oklahoma, Family Planning members):
- Sterilization Consent form signed 30 days or more prior to procedure being done.
- Last delivery date is > 6 weeks from date procedure is to be done.
- Objective documentation to support the medical necessity for procedure being performed in a facility versus the office setting.

OFFICE PROCEDURE:
No prior authorization is required if procedure is performed in an office setting.
Generally expect this procedure to be performed in an office setting. Typically done under conscious sedation (e.g. local paracervical plus pain and antianxiety meds.) These Prior Authorization Requests (PARs) will be cancelled as no PA is required in the office setting.

OUTPATIENT PROCEDURE:
Prior authorization is required if procedure is performed in an Ambulatory Surgery Center, Outpatient Hospital, or under anesthesia. It is not considered medically necessary to perform this procedure in a facility for the convenience of the patient or the provider or for provider practice and training. If documentation supports the procedure being performed in a facility, the prior authorization request will need to request one unit of code 58565 for the facility; no PA is required for the surgeon or the contraceptive device.

Medical Necessity - Indications for performing the procedure in a facility:
- Obesity -BMI => 35
- Prior Abdominal procedure
- History of abdominal Adhesions
- Presence of abdominal mesh
- Two or more C-Sections
- Coagulopathy
- Multiple Sclerosis
- Anatomical anomalies of the uterus that complicate insertion e.g. endometrial adhesions, uterus is not freely mobile or of normal size (relative contraindication)

Anesthesia: REMINDER: As stated in the original provider letter, local anestheisia, including parasurgical anesthesia (64435), is NOT allowed in addition to A4264.