



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

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AMBULATORY SURGICAL CENTER MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **AMBULATORY SURGICAL CENTER MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 2, 3, 4, 5, and 13, revised.

Summary

The **AMBULATORY SURGICAL CENTER MANUAL** is revised to align with current IA Health Link policies, procedures, and terminology.

Effective Date

January 1, 2016

Material Superseded

This material replaces the following pages from the **AMBULATORY SURGICAL CENTER MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 1)	April 1, 2014
2, 2a, 2b, 2c, 3	October 1, 2015
4, 5, 13	April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/Ambusurg.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



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Pre-procedure review is performed for all heart, lung, liver, stem cell, pancreas, and bone marrow transplants and for all bariatric procedures, as identified on the pre-procedure review list. Reviews are performed for members with traditional Medicaid and MediPASS coverage.

The following sections explain:

- ◆ [How reviews are conducted](#)
- ◆ [What happens if the review is not obtained until after the member is discharged](#)

a. Review Process

The following review process applies to all pre-procedure review activities. Pre-procedure review is conducted to evaluate the appropriateness of the procedures identified on the pre-procedure review list. Requests for review of these elective procedures must be submitted in writing to:

Iowa Medicaid Enterprise
Attn: Medical Prior Authorization
PO Box 36478
Des Moines, IA 50315

The request must provide the following information from the physician, on which the IME Medical Services will base its decision:

- ◆ Procedure planned
- ◆ Proposed admission date
- ◆ Proposed date of procedure
- ◆ Hospital or location of intended procedure
- ◆ Member's name and address
- ◆ Member's age
- ◆ Member's Medicaid ID number
- ◆ Attending physician's name
- ◆ Tentative diagnosis
- ◆ Orders
- ◆ History and chief complaint (include symptoms and duration of problem)



- ◆ Other medical history or problem
- ◆ Preadmission treatment
- ◆ Outpatient studies performed
- ◆ Medication

Pre-procedure review is conducted using criteria that have been developed by the applicable physician specialties. Questionable cases are referred to a physician reviewer for a determination of the medical necessity of the procedure. Denial letters are issued if the procedure is determined not to be medically necessary.

The IME provides validation numbers on all approved pre-procedure reviews. Claims sent to the IME without a validation prior authorization number will be denied. The hospital must notify the IME and request a retrospective review to determine the appropriateness of the procedure before receiving payment.

A sample of cases reviewed on a pre-procedure basis is selected for retrospective review. The information provided during the pre-procedure review is validated during the retrospective review process. A denial may be issued if the information provided during the precertification review is not supported by medical record documentation.

b. Procedure Review Obtained Following Discharge

If the provider discovers that pre-procedure review was not obtained with the IME before or immediately following the procedure and the member was discharged, the provider must request the IME review to determine the appropriateness of the procedure before receiving payment.

In addition, the hospital must send a copy of the complete medical record with the completed form to Iowa Medicaid Enterprise for a retrospective review. Hospital staff is reminded to identify the type of procedure review that is being requested (e.g., gastric stapling review).



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Page 4 is reserved for future use.



2. Abortions

Legislation enacted by the Iowa General Assembly restricts payment for abortions through the Medicaid program to the following situations:

- ◆ The attending physician certifies in writing on the basis of professional judgment that continuing the pregnancy would endanger the life of the pregnant woman.

Federal funding is available in these situations only if the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

- ◆ The attending provider certifies in writing on the basis of provider's professional judgment that the fetus is physically deformed, mentally deficient or afflicted with a congenital illness and states the medical indications for determining the fetal condition.
- ◆ The pregnancy is the result of rape, that the incident was reported to a law enforcement agency or public or private health agency, which may include a family physician, within 45 days of the date of the incident, and that the report contains the name, address, and signature of the person making the report. An official of the agency must also certify in writing.
- ◆ The pregnancy is the result of incest, that the incident was reported to a law enforcement agency or public or private health agency, which may include a family physician, within 150 days of the incident, and that the report contains the name, address, and signature of the person making the report. An official of the agency or physician must so certify in writing.

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b. Consent for Sterilization, Form 470-0835 or 470-0835S

The “informed consent” shall be obtained on form 470-0835, *Consent for Sterilization*, or the Spanish version, form 470-0835S, *Formulario de Consentimiento Requerido*. The individual must be 21 years of age or older at the time of consent. An equivalent Medicaid form from another state is accepted.

Click [here](#) to view the English consent form online.

Click [here](#) to view the Spanish consent form online.

Consent forms may be requested by contacting IME Provider Services at (800) 338-7909 or locally in Des Moines at (515) 256-4609. To request forms by mail, send a written request to the following address:

Iowa Medicaid Enterprise
Form Requests
PO Box 36450
Des Moines, IA 50315

The physician’s copy of the consent must be completely executed in all aspects (no substitute form is accepted) according to the above directions and attached to the claim in order to receive payment.

When a claim for physician’s services for sterilization is denied either due to the failure to have the consent form signed at least 30 days and not more than 180 days before the date service is provided, or failure to use the official consent form, 470-0835 or 470-0835S, any claim submitted by the ambulatory surgical center, hospital, anesthesiologists, assistant surgeon, or associated providers for the same operation or procedure will also be denied.

It is the responsibility of the ambulatory surgical center, hospital, and other providers associated with the sterilization services to obtain a photocopy of the completed consent form which must be attached to their claim when submitted to the IME for payment.