

Division of Developmental Disabilities Health Care Services Procedure(s) Prior Authorization Criteria
Subject: Sterilization Prior Authorization Criteria
Unit: Health Care Services

Sterilization Prior Authorization Criteria

PURPOSE: The DES/DDD Medical Director reviews all Health Plan approvals for sterilization admission for medical necessity.

PROCESS: The following is an outline of the protocol for obtaining approval for the sterilization procedure:

PROCEDURE:

The Health Plan DDD liaison is responsible for ensuring that the packet is complete prior to the packet's delivery to the assigned Health Care Services (HCS) Nurse for their review. The completed packet should contain the following information:

1. A description of the procedure to be performed, including any special considerations needed
2. Physician's progress notes detailing:
 - Previous treatment methods and outcomes of treatment
 - Reasons for sterilization procedure
 - Relevant physical findings
 - Description or explanation of procedure to the consumer (if he/she is their own guardian) or the consumer's guardian.
 - Physician's opinion regarding the consumer/guardian's understanding of the procedure
3. Scheduled date of the procedure
4. Completed Federal sterilization consent form, signed by client and/or guardian. The consent form is valid for 180 days from the date of the signature. This form specifies that client must be at least age 21 for federal reimbursement for the procedure. In addition, it specifies that there be at least 30 days between the date of the signature and the date of the procedure. (Per AHCCCS Policy 420, Family Planning, rev. 4/1/2004)
5. Documentation of guardianship: if the individual undergoing the sterilization procedure has a guardian and the guardian signs the consent

form, then a copy of the court papers assigning guardianship should be included.

The Division's contracted Health Plans will only send packets to the DDD Health Care Services when complete. The Health Plan will issue the denial if they receive incomplete information from the requesting physician.

The assigned Health Care Services (HCS) nurse then prepares a summary of the sterilization request and e-mails this summary to the Division's Medical Director, or his/her designee, for review. The packet is then scanned and e-mailed to the DDD Medical Director for his/her review. The Medical Director/designee must review the request and respond to the assigned HCS nurse via e-mail within 72 hours. This e-mail response is added to the client's file and a copy is also forwarded to the Health Plan liaison.

Exceptions to review process:

1. If a client's sterilization is paid for by a private insurance and does not involve the Health Plan in the Prior Authorization process, then the Division's review and approval/denial are not required. However, if the contracted Health Plan is approached for the payment of a co-pay, then the Health Plan and Division must review and approve the sterilization prior to the procedure.
2. If sterilization is an incidental result of a medically necessary procedure such as a hysterectomy as treatment for cancer or fibroids, then review by the Division is not required.

Reporting to AHCCCS:

The Division will submit a monthly aggregate report to AHCCCS and include:

- Date of Service
- Member Name
- Member ID number
- Member date of birth
- Confirmatory testing
- Date of procedure (to track whether the member is under age 21)
- SOBRA (Sixth Omnibus Budget Reconciliation Act) Eligibility category

The sterilization reports from the Division's contracted Health Plans will be submitted monthly and incorporated into the aggregate Division report to AHCCCS. The individual Health Plan reports will be due to the Division on the 20th day of the following month so that the Division's report to AHCCCS may be submitted in a timely fashion.