



**UTAH MEDICAID HYSTEROSCOPIC TUBAL OCCLUSIVE DEVICE CHECKLIST**

**Patient Name:** \_\_\_\_\_

**Medicaid ID #:** \_\_\_\_\_

<b>MD Initial</b>	<b>Criteria Checklist</b>
	<i>Client is not institutionalized or incarcerated in a correctional facility.</i>
	<i>Procedure will not be performed sooner than 30 days after the client signs the consent and not longer than 180 days after signing. Date signed: _____ Estimated date of procedure: _____</i>
	<i>Client has no other occlusive devices placed.</i>
	<i>No anomalies of fallopian tubes or uterus (including patients with apparent contralateral proximal tubal occlusion and members with a suspected unicornuate uterus).</i>
	<i>Patient has not previously undergone a tubal ligation.</i>
	<i>No pregnancy or suspected pregnancy confirmed by negative HCG pregnancy test.</i>
	<i>No delivery or termination of pregnancy less than six (6) weeks before occlusive device placement.</i>
	<i>No active upper or lower pelvic infection (e.g. unspecified inflammatory disease of female pelvic organs and tissues, acute parametritis and pelvic cellulitis or chronic parametritis and pelvic cellulitis).</i>
	<i>Patient has no known allergy to contrast media or known hypersensitivity to nickel.</i>
	<i>Documentation of normal pap smear within the past 12 months.</i>
<i>Documentation that the patient has been educated, understands and agrees to below criteria</i>	
	<i>An effective medical contraceptive must be in place one full menstrual cycle prior to initiation of the occlusive device procedure and is continued until occlusion is achieved.</i>
	<i>Hysterosalpingogram is required three months (90 days) after placement to confirm occlusion of the fallopian tubes. This requires separate prior authorization. If the imaging cannot confirm occlusion, then another HSG will be repeated 90 days later (6 months or 180 days). NOTE: Two hysterosalpingograms may be necessary for evaluation of complete occlusion. These procedures require separate prior authorization.</i>

X

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MD Signature