Sterilizations

In accordance with Federal requirements, Medicaid payments for sterilization of a mentally competent individual aged 21 or older requires that:

- The individual is at least 21 years old at the time that consent was obtained;
- The individual is not a mentally incompetent individual;
- The individual has voluntarily given informed consent in accordance with all federal requirements;
- At least 30 days, but no more than 180 days, have passed between the date of the informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

Sterilization Form with Consent Signed Less Than 30 Days

An individual may consent to be sterilized at the time of emergency abdominal surgery if at least 72 hours have passed since he or she gave informed consent for the sterilization.

The consent form must contain the signatures of the following individuals:

- The individual to be sterilized;
- The interpreter, if one was provided;
- The person who obtained the consent; and
- The physician who performed the sterilization procedure. (If the physician who performs the sterilization procedure is the one who obtained the consent, he/she must sign both statements.)

Consent Forms and Name Changes

When billing for services that require a sterilization consent form, the name on the Medicaid file for the date of service in which the forms were signed should be the same as the name signed at the time consent was obtained. If the patient name changes before the claim is processed for payment, the provider must attach a letter from the physician's office from which the consent was obtained. The letter should be signed by the physician and should state that the patient's name has changed and should include the patient's social security number and date of birth. This letter should be attached to all claims requiring consent upon submission for claims processing.
Requests for Sterilization Consent Forms

Consent forms for sterilization (BHSF Form 96) may be obtained by calling (225) 342-1304 or by sending a written request to:

BHSF Program Operations
ATTN: Professional Services Program Manager
P.O. Box 91030
Baton Rouge, LA 70821

Additional Form (OMB No. 0937-0166)

Louisiana Medicaid accepts a sterilization consent form that was approved by the Office of Management and Budget (OMB). The form is typically distributed through area health units and is available through written request to:

OPA Clearinghouse
P.O. Box 30686
Bethesda, MD 20824-0686

This form can also be obtained via website access at:


Consent Completion

Included in this training are sections and numbered examples instructing providers on the correct completion of the sterilization consent form. The consent blanks are assigned reference numbers in order to explain correctable areas. Completed examples of accepted sterilization forms are on the following pages.

- One example illustrates a correctly completed sterilization form for a sterilization that was done less than 30 days after the consent was obtained. In this case, you will note "premature delivery" is confirmed with a "check mark", the expected date of delivery is included and is equal to or greater than 30 days after the date of the recipient's signature.

- In order to facilitate correct submission of the sterilization consent when a premature delivery occurs, the following clarification is provided. "Prematurity" is defined as the state of an infant born prior to the 37th week of gestation. Physicians should use this definition in the completion of the sterilization consent when premature delivery is a factor."

- The consent was (and must be) obtained at least 72 hours before sterilization was performed.

- Physicians and clinics are reminded to obtain valid, legible consent forms.

- Copies must be shared with any provider billing for sterilization services, including the assistant surgeon, hospital, and anesthesiologist.
CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

**CONSENT TO STERILIZATION**

I have asked for and received information about sterilization. When I first asked for the consent form, I explained to her the nature of sterilization operation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) Sue Andrews, RN
(15) 3/2/07
Signature of person obtaining consent
(16) Woman's OB/GYN Group
(17) 433 10th St., Pine, LA 70756
Facility
Address

**PHYSICIAN'S STATEMENT**

Shortly before I performed a sterilization operation upon

(18) Mary Smith
(19) 3/2/07
name of individual
(20) tubal ligation
date of sterilization
I explained to him/her the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(21) Individual's expected date of delivery: 5/1/07
(22) Dr. T. A. Jones
(23) 4/6/07
Physician's signature

**INTERPRETER'S STATEMENT**

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9) language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(24) Interpreter's signature
(25) 4/5/07
Interpreter's date
Must be group or individual who gave information about sterilization procedure.

CONSENT FORM

I have asked for and received information about sterilization from (1) Women's ORGYN Group When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as WIC or Medicaid. I am considering for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children or father children.

I have been told about the alternatives to sterilization that are available and could be performed to me which will allow me to bear or father a child in the future. I have rejected these alternatives and have chosen to be sterilized.

I understand that I will be sterilized by a method called (2) tubal ligation. The discomforts, risks and benefits associated with sterilization have been explained to me. I am aware of the possible discomforts and risks associated with sterilization. The discomforts, risks and benefits associated with sterilization have been explained to me. I understand that sterilization is not reversible. I understand that the operation will be done within 90 days of my signature below.

My consent expires 180 days from the date of my signature below.

I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(3) V12/74

I (4) Mary Smith (5) Dr. John Cutter

by a method called (6) tubal ligation My consent expires 180 days from the date of my signature below.

I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(3) V12/74

I (4) Mary Smith (5) Dr. John Cutter

by a method called (6) tubal ligation My consent expires 180 days from the date of my signature below.

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I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

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I (4) Mary Smith (5) Dr. John Cutter

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I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(3) V12/74

I (4) Mary Smith (5) Dr. John Cutter

by a method called (6) tubal ligation My consent expires 180 days from the date of my signature below.

I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(3) V12/74

I (4) Mary Smith (5) Dr. John Cutter

by a method called (6) tubal ligation My consent expires 180 days from the date of my signature below.

I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(3) V12/74

I (4) Mary Smith (5) Dr. John Cutter

by a method called (6) tubal ligation My consent expires 180 days from the date of my signature below.

I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(3) V12/74

I (4) Mary Smith (5) Dr. John Cutter

by a method called (6) tubal ligation My consent expires 180 days from the date of my signature below.

I have consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Hospitals, employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.
CONSENT FORM

I have asked for and received information about sterilization from (1) [list the provider(s)]. When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any health or benefits that are available to me. My decision will be my decision until it is changed in the future.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected those alternatives and have chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) [specify operation]. The discomforts, risks and benefits associated with the operation have been explained to me. My questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I cannot change my mind at any time.

I am at least 21 years of age and was born on (3) [date].

(4) [Name of individual to be sterilized] hereby consent of my own free will to be sterilized by (5) [Name of sterilization provider] by a method called (6) [method of sterilization]. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to [list the appropriate parties].

I have received a copy of this form.

Mary Smith
(7) [Signature]
(8) [Date]

You are asked to supply the following information, but it is not required: Race and/or ethnicity, designation, please check:

☐ American Indian or Alaskan Native
☐ Black (not of Hispanic origin)
☐ Hispanic
☐ White (not of Hispanic origin)

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and shared it with the individual to be sterilized by the person obtaining the consent. I have also read the consent form in (9) [language] and explained its contents to him/her. To the best of my knowledge and belief, he/she understood the explanation.

Mary Smith
(10) [Interpreter's signature]
(11) [Date]

STATEMENT OF PERSON OBTAINING CONSENT

Before (12) [Date], I signed the consent form. I explained to him/her the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control which are temporary are available. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

(13) [Name of person obtaining consent]
(14) [Date]

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (16) [Name of individual to be sterilized], I explained to him/her the nature of the sterilization operation. (18) [Method of sterilization], the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control which are temporary are available. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

John Cutter, MD
(20) [Name of physician]
(21) [Date]

5/1/07

Emergency additional surgery

Patient's Signature

2007 Louisiana Medicaid Hospital Provider Training
Correcting the Sterilization Consent Form

- The informed consent must be obtained and documented prior to the performance of the sterilization, not afterward. Therefore, corrections to blanks 7, 8, 10, 11, 14, 15 (BHSF 96 Form-Revised 01/92; OMB No. 093-0166) and blanks 7, 8, 10, 11, 13, 14 (BHSF 96 Form-Revised 06/00 and BHSF 96 Form-Revised 10/01) may not be made subsequent to the performance of the procedure.

- Errors in sections I, II, III, and IV can be corrected, but only by the person over whose signature they appear.

- In addition, if the recipient, the interpreter, or the person obtaining consent returns to the office to make a correction to his portion of the consent form, the medical record must reflect his presence in the office on the day of the correction.

- To make a correction to the form, the individual making the corrections should line through the mistake once, write the corrected information above or to the side of the mistake, and initial and date the correction. Erasures, "write-overs", or use of correction fluid in making corrections are unacceptable.

- Only the recipient can correct the date to the right of her signature. The same applies to the interpreter, to the person obtaining consent, and to the doctor. The corrections of the recipient, the interpreter, and the person obtaining consent must be made before the claim is submitted.

- The date of the sterilization may be corrected either before or after submission by the doctor over whose signature it appears. However, the operative report must support the corrected date.

- An invalid consent form will result in denial of all claims associated with the sterilization.

Consent forms will be considered invalid if errors have been made in correctable sections but have not been corrected, if errors have been made in blanks that cannot be corrected, or if the consent form shows evidence of erasures, "write overs", or use of correction fluid.
Deliveries With Non-Payable Sterilizations

Medicaid allows payment of an inpatient hospital claim for a delivery/c-section when a non-payable sterilization is performed during the same hospital stay. When a valid sterilization form has not been obtained, the procedure code for the sterilization and the diagnosis code associated with the sterilization should not be reported on the claim form, and charges related to the sterilization procedure should not be included on the claim form. In these cases, providers will continue to receive their per diem for covered charges.

Claims for these services will not require any prior or post-authorization (other than pre-cert) and may be billed to Unisys on paper or electronically.