

## Consent for Sterilization

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### Common Claim Denials:

Reason Code ([CARC](#)) 252, 251

Remark Code ([RARC](#)) N3, N205

For Medicaid purposes, a sterilization procedure is defined as any medical procedure, treatment, or operation for the purpose of rendering a beneficiary (male or female) permanently incapable of reproducing. Surgical procedures performed solely to treat an injury or pathology are not considered sterilizations under Medicaid's definition of sterilization, even though the procedure may result in sterilization. Physicians are responsible for obtaining the signed Consent for Sterilization ([MSA-1959](#)) 30 days prior to surgery.

Sterilizations are covered only if:

- The beneficiary is at least 21 years of age at time of informed consent;
- The beneficiary is not legally declared to be mentally incompetent;
- The beneficiary is not institutionalized in a correct, penal, or mental rehabilitation facility;
- Informed consent is obtained; and
- Informed consent is not obtained while the beneficiary is in labor or childbirth; seeking to obtain or obtaining an abortion; under the influence of alcohol or other substances that affect the beneficiary's state of awareness.

Sterilization requires the beneficiary's voluntary informed consent. Persons obtaining the informed consent must adhere to the following requirements:

- The beneficiary must be advised that the sterilization will not be performed for at least 30 days, but within 180 days, after signing the MSA-1959/HHA-687 except in cases of emergency abdominal surgery or premature delivery
- The person who obtains the informed consent must answer any questions the beneficiary may have concerning the procedure.
- Information must be effectively communicated to the deaf, blind, or otherwise physically challenged.
- An interpreter must be provided if the beneficiary to be sterilized does not understand the language on the consent form or used by the person obtaining the informed consent.
- Beneficiaries may have a witness of their choice present when informed consent is obtained.
- A copy of the consent form must be given to the beneficiary.

Procedure for submitting the consent for sterilization form:

- Complete a cover sheet according to Document Management Portal instructions.
- Fax the cover sheet and completed consent form to Medicaid Payments Division, Sterilization Consent Form Approval. Do not fax invoices.
- Wait for a response. When notified that the consent form has been accepted and is on file, inform other providers via a copy of the response.
- Providers may then submit claims to MDHHS. The Remarks section or Comment Record must include the statement “Consent on File.”
- When sterilization claims are received with this information in the Remarks Section, the claim is forced for payment if the submitted invoice matches the consent form on file.
- If there is no response from MDHHS within five working days, review the request submitted to insure that MDHHS received the fax (i.e., confirm that the fax is working, make sure the cover sheet included the necessary contact information, etc.). Resend the information if necessary.



## Instructions for Completing Consent for Sterilization

**Field #1:** Name of Physician or clinic giving information to the beneficiary. The "M.D." or "D.O." designation must be included.

**Field #2:** Name of surgery being performed (e.g., Tubal Ligation or Vasectomy).

**Field #3:** Beneficiary's complete date of birth (DOB, month, day, and year). The beneficiary must be 21 years of age at the time they sign the form.

**Field #4:** Beneficiary's full name. If a name change is indicated on the Medicaid card by the time surgery is performed, both names must be indicated.

**Field #5:** Name of physician performing the sterilization. If the physician is unknown, "doctor on call" may be indicated.

**Field #6:** Name of surgery to be performed (e.g., Tubal Ligation or Vasectomy).

**Field #7:** Beneficiary's handwritten signature. A beneficiary who cannot write should sign with an "X." The "X" signature must be witnessed. The witness' handwritten signature must appear below item 7.

**Field #8:** Date the consent form was signed (month, day and year). This date must be more than 30 days and less than 180 days before the date the sterilization is performed. If it is less than 30 days, see instructions for "alternative final paragraphs."

**Field #9:** Interpreter's statement – If language is present complete field # 10.

**Field #10:** Interpreter's Statement. This information is only required if the beneficiary is unable to understand English. The language used for interpretation must be specified (e.g., Spanish). The interpreter's handwritten signature and date must appear. The date must be the same date the beneficiary signed the form.

**Field #11:** Name of beneficiary – Must be legible

**Field #12:** Name of surgery procedure (e.g., Tubal Ligation or Vasectomy).

**Field #13:** Handwritten signature of the person obtaining consent

**Field #14:** Date consent is taken (month, day and year). This date must be before the date sterilization is performed (#18).

**Field #15:** Name of provider or clinic (e.g., office of John Doe, M.D., doctor's office, ABC Clinic, XYZ Hospital).

**Field #16:** Address where the actual original consent is kept. Street address, city, state, and zip code. No P.O. boxes allowed.

**Field #17:** Beneficiary's full name. Must be legible

**Field #18:** Date of sterilization (month, day, and year). The surgery date must be the same as indicated on the claim.

**Field #19:** Name of sterilization procedure (e.g., Tubal Ligation or Vasectomy).

**Instructions for use of alternative final paragraphs.**

If at least 30 days have passed since the date the beneficiary signed the consent form and the date of sterilization, paragraph "1" applies and paragraph "2" should be crossed out.

If the date the sterilization was performed is less than 30 days and more than 72 hours of the beneficiary signing the consent form, paragraph "2" applies and paragraph "1" should be crossed out. The applicable box should be checked.

**Field #20:** For premature delivery, the expected date of delivery must be given

**Field #21:** Required if premature delivery or emergency surgery checked.

**Field #22:** If emergency abdominal surgery is checked. Description must be present.

**Field #23:** Physicians signature. This can be a stamped signature if counter initialed.

**Field #24:** Date physician signed consent. Must include month, day, year. This date must be on or after the date of surgery. This can be typed or stamped.

If abdominal surgery was performed, the circumstances must be explained and operative notes submitted in the Document Management Portal (DMP) and a note indicated on the claim.