

Consent for Sterilization

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 expect 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.

CONSENT FOR STERILIZATION

Michigan Department of Health and Human Services

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 from 1. When I first asked for the 1 (Doctor or Clinic).

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 A.F.D.C. or Medicaid that I am now getting or 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 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 these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a 2. The discomforts, risks and benefits associated with the operation have been explained to me. All 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 can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on 3 (Month / Day / Year)

I, 4 (Name of Individual Being Sterilized)

hereby consent of my own free will to be sterilized by

5 (Name of Doctor and Professional Degree)

by a method called 6.

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:

Representatives of the Department of Health and Human Services OR 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.

7 (Signature of Person Giving Consent) Date: 8 (Month / Day / Year)

You are requested to supply the following information, but it is not required: *Ethnicity and race designation (please check)*

- Ethnicity: Race (mark one or more):
- Hispanic or Latino
 - American Indian or Alaska Native
 - Not Hispanic or Latino
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

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.

10 (Interpreter's Signature) Date: 10 (Month / Day / Year)

STATEMENT OF PERSON OBTAINING CONSENT

Before 11 (Name of Individual) signed the

consent form, I explained to him/her the nature of the sterilization operation 12, 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.

13 (Signature of person obtaining consent) 14 (Date)

15 (Facility)

16 (Facility Address)

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

17 (Name of individual to be sterilized) on 18 (Date of sterilization)

I explained to him/her the nature of the sterilization operation 19, the fact that it is intended

(specify type of operation) 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 appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

Premature delivery 20 Individual's expected date of delivery: 21

Emergency abdominal surgery: 22 (describe circumstances)

23 (Signature of Physician and Professional Degree) Date: 24 (Month / Day / Year)

AUTHORITY: Title XIX of the Social Security Act
 COMPLETION: Is Voluntary, but is required if Medical Assistance program payment is desired.

The Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider.

MSA-1959 (Rev.5-15) Previous edition may be used

Instructions for Completing Consent for Sterilization

Field #1: Name of Physician or clinic name

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

Field #3: Beneficiary's complete DOB – age must be 21 on the date form was signed

Field #4: Name of Recipient – Must be legible

Field #5: Name of physician expected to perform the surgery

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

Field #7: Recipient's signature

Field #8: Date the consent is signed. Must include month/day/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: If interpreter's statement is present then the signature and date are required. 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 Recipient – Must be legible

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

Field #13: Signature of person obtaining consent

Field #14: Date of person obtaining consent signature. Must include month/date/year. This date must be the same date the beneficiary signed the form.

Field #15: Name of provider or clinic

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

Field #17: Name of recipient- Must be legible

Field #18: Date sterilization is performed. Must include month/day/year. Surgery date must be the same as indicated on the claim.

Field #19: Name of surgery being performed (e.g., Tubal Ligation or Vasectomy).

Field #20: If premature delivery is checked, expected delivery date is required

Field #21: Required if premature delivery is or emergency surgery checked. Must be at least 30 days after fields 8 & 14. 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.

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

Field #23: Physicians signature and degree – must include credentials. 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.