Instructions for Federal Sterilization Consent Form

A. Completing the Form - This guide will assist in correct completion of the Federal Sterilization consent form and should help to decrease the number of denials related to errors in completing the form. Providers remain responsible for all guidelines set forth in NC Medicaid 1E-3 Sterilization Procedures policy that may not be addressed in this guidance document. Some explanations have been added (in red) to help clarify what is necessary on these forms.

Following is the list of fields included in the federal consent form requirements for sterilization. All areas are required to be completed except area 9 (race) and areas 10, 11, and 12, if not applicable. Fields in **bold print** cannot be altered. Once an error is made in these areas, the consent form cannot be re-submitted. The consent form should be reviewed at the time the beneficiary (recipient) is completing and if any error has been made in the bolded areas, a new form should be completed prior to submission.

1. Person or facility that provided information concerning sterilization. The full name of the person or the full name of the facility providing the information must be stated in this area. Abbreviations of name or abbreviation of facility name are not acceptable. Initials or "doctor on call" are not acceptable. (Ex.: Dr. Smith is not a full name; Dr. Fred Smith is the acceptable format.)

2. Type of sterilization procedure to be performed. Must be an approved procedure from the policy – if only doing a unilateral or a total salpingectomy, the form must be submitted with medical records to justify the medical necessity.

3. Beneficiary's (Recipient's) date of birth (must be at least 21 years of age when the consent form is signed). Date of birth must match beneficiary files.

4. Name of beneficiary (recipient) as it appears on the Medicaid Identification card. Review the recipient's Medicaid card to ensure they are using the correct name or submit the sterilization consent form with a Name Change Statement as outlined in policy.

5. The full name of the physician scheduled to do the surgery. Abbreviations, initials, or "doctor on call" are not acceptable. (Ex.: Dr. Smith is not a full name; Dr. Fred Smith is the acceptable format.)

6. Type of sterilization procedure to be performed. Must be an approved procedure from the policy – if only doing a unilateral or a total salpingectomy, the form must be submitted with medical records to justify the medical necessity.

7. **Beneficiary's (Recipient's) handwritten signature which must be dated cannot be altered, traced over or corrected. Initials are not acceptable for the first or last name. The handwritten signature must be legible. If not, the beneficiary's (recipient's) name must be typed or printed under the signature. Use of a digital signature or signature stamp is not acceptable.**

8. **Date the consent form was signed. The date of the beneficiary's (recipient's) signature must be at least 30 days and no more than 180 days prior to the date of the sterilization. The count begins the day following the beneficiary's (recipient's) signature date.**

9. Race and ethnicity (not required).

10. Language in which the form was read to the beneficiary, if an interpreter was used.

11. **Handwritten signature of the interpreter. If signature is illegible, must have printed name under the signature. Initials are not acceptable for the first or last name. Use of a digital signature or signature stamp is not acceptable. If a language line (call-in Interpreter) is used, obtain an attestation form from the interpreter (faxed) and attach it to the consent form when submitting the form for approval.**

12. **Signature date of the interpreter (same as #8 and #16).**

13. Name of Beneficiary (**Recipient**). Review the recipient's Medicaid card to ensure they are using the correct name or submit the form with a name change form.

14. Name of sterilization procedure. Must be an approved procedure from the policy – if only doing a unilateral or a total salpingectomy, the form must be submitted with medical records to justify the medical necessity.

15. Handwritten signature of person obtaining consent. Must be dated (see #16) and legible. If not legible, the name must be typed or printed above or below the signature. Initials are not acceptable for the first or last name. Use of a digital signature or signature stamp is not acceptable.

16. Date (date must be the same as the beneficiary's (recipient's) signature date). Note: the doctor may also be the person obtaining consent.

17. The full name and address of the facility, including street name and number, city, state and zip code, where the consent was obtained and witnessed. Must be complete name of facility; no abbreviations may be used.

All items after #17 are to be completed after the sterilization procedure.

18. Name of beneficiary (**recipient**). Review the recipient's Medicaid card to ensure they are using the correct name or submit the form with a name change form.

19. Actual date of sterilization. Date of surgery may be changed on consent form with submission of operative records verifying date of service.

20. Type of sterilization procedure performed. Must be an approved procedure from the policy – if only doing a unilateral or a total salpingectomy, the form must be submitted with medical records to justify the medical necessity.

21. The box is to be checked if the delivery was premature (write the beneficiary's expected delivery date in the space provided).

22. The box is to be checked if emergency abdominal surgery was performed. Claim must be submitted with operative records.

23. Physician's handwritten signature. Must be legible or name must be printed below the signature. **Initials are not acceptable for the first or last name**. **The use of a digital signature or signature stamp is not acceptable.** The physician signing the consent form must be the physician who performed the procedure.

24. Date must be on or after the date of service.

25. The surgeon's NPI number must be added to the top left margin of the consent form.

26. The beneficiary's **(recipient's)** identification number must be added to the top right margin of the consent form.

27. The Facility NPI must be added to the top center of the consent form. This NPI field is for the facility in which the procedure was performed. To ensure that the facility in which the procedure was performed can make inquiries concerning the consent form status, this field must be populated upon the initial submission of the consent form to DHHS fiscal contractor.

B. Submitting Sterilization Consents

When submitting sterilization consents:
Write the beneficiary's **(recipient's)** identification number in the upper right corner of the consent form. DHHS fiscal contractor must have the beneficiary identification number to enter the form into the system.

1. Verify that all the information on the form is correct.
2. Mail the consent to:

CSRA
PO Box 30968
Raleigh NC 27622

C. **Name Change Policy for Surgical Procedures**

If the beneficiary's **(recipient's)** name on the claim and the name on the sterilization form are different, a signed name change statement verifying that they are the same person must be included (refer to example below).

D**. Name Change Statement (Example)**

The name change statement must be written on the provider's office letterhead.

Dr. Any Provider
101 Any Hwy
Any City NC 22222
Beneficiary Identification Number: 88888888T

To Whom It May Concern:

Jane Beneficiary has changed her name to Jane Doe.

Dr. Any Provider (provider's signature or signature of representative at provider's office is required)