

## ATTN: LA MEDICAID AND LA MEDICAID MANAGED CARE ORGANIZATION (MCO) PROVIDERS

### LA Medicaid Sterilization Consent Forms

The Sterilization Consent Form (HHS-687)

The Acknowledgement of Receipt of Hysterectomy Information (BHSF 96-A)

Both forms are available via the Louisiana Medicaid (LDH) website and on the Office of Population Affairs (OPA) website:

[https://www.lamedicaid.com/provweb1/Forms/Online\\_Forms.htm](https://www.lamedicaid.com/provweb1/Forms/Online_Forms.htm)

<https://www.opa.hhs.gov/grant-programs/title-x-service-grants/key-resources-title-x-grantees>

#### **Form HHS-687: Sterilization Consent (Male or Female)**

Providers must use the correct Sterilization Consent form per the expiration date of in the top right corner.

Form Approved: OMB No. 0937-0166  
Expiration date: 4/30/2022

*Per the March 31, 2022 Informational Bulletin (IB) 22-9: "The OPA is in the process of renewing the current consent form and may extend the expiration date. Providers must check the OPA site directly for updates and are responsible for using the most current form on the date the consent is obtained. Medicaid fee-for-service will continue to accept the current form until OPA publishes an updated form and new expiration date. Managed care organizations (MCO) are expected to honor the current form until a final update has been made by OPA."*

Per MEDDATA call to LDH on 05/24/2022, form with expiration date 04/30/2022 is still valid.

To assist providers, the [LA Medicaid Professional Services manual](#) includes instructions for **proper completion** in Chapter 5, Gynecology section under the header 'Sterilizations'. Appendix B of the manual, 'Forms' includes **samples for proper completion** and includes a **'Checklist for Sterilization Form'**; including consent obtained at least 30 days prior to sterilization with interpreter's statement and consent obtained less than 30 days prior to sterilization without interpreter's statement.

Per the LA Medicaid Professional Services manual, and in accordance with Federal regulations, Medicaid will only allow payment to be made for a sterilization procedure when:

- The individual is at least 21 years of age **at the time the consent is obtained**;
- The individual is not a mentally incompetent individual;
- The individual has voluntarily given informed consent in accordance with all federal requirements; and
- 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 a 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.

REMINDER: Correct completion of the Sterilization Consent includes crossing out the unused option in the last paragraph.

(Instructions for use of alternative final paragraph: 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.**)

**Form BHSF 96-A: Acknowledgement of Receipt of Hysterectomy Information (Female)**

Providers must use the correct Acknowledgment form per the Revised date of in the top left corner.

BHSF Form 96-A  
Revised 02/2020

To assist providers, the [LA Medicaid Professional Services manual](#) includes instructions **for proper completion** in Chapter 5, Gynecology section under the header 'Consent for Hysterectomy'.

Per the LA Medicaid Professional Services manual, Medicaid will only allow payment to be made for a hysterectomy when:

- The person securing the authorization to perform the hysterectomy has informed the individual and their representative (if any), **both orally and in writing**, that the hysterectomy will make the individual permanently incapable of reproducing; and
- The individual or their representative (if any) has signed a written acknowledgement of receipt of that information (Form BHSF 96-A).

When submitting claims for services that require a sterilization consent form, the name on the Medicaid file for the date of service in which the form was signed must be the same as the name signed at the time consent was obtained.

If the beneficiary's name is different, the provider must attach a letter from the physician's office from which the consent was obtained. The letter must be signed by the physician and must state that the beneficiary's name has changed and include the beneficiary's social security number and date of birth. This letter must be attached to all claims requiring consent upon submission for claims processing.

NOTE: Invalid consent forms will result in **denial of all claims** associated with the sterilization.

NOTE: See the [LA Medicaid Professional Services manual](#), 'Gynecology' section, Correcting the Sterilization Consent Form subsection for **requirements on updating a consent form**.

For assistance or questions, contact MDS/MSI:

From MEDPM or MEDEHR sign-on screens double click on [helpdesk@medtronsoftware.com](mailto:helpdesk@medtronsoftware.com) to compose an email to our Support Team. You may also email [helpdesk@medtronsoftware.com](mailto:helpdesk@medtronsoftware.com) directly from your email server. The email will auto-create a ticket in our Help Desk system and send you an automated reply with your ticket # for all future correspondence related to your question/concern.