



MassHealth Sterilization Consent Guidelines

Executive Office of Health & Human Services

Coverage for Sterilization Procedure

- All MassHealth plans cover the medical procedure, treatment, or operation performed for the purpose of rendering an individual permanently incapable of reproducing
- The guidance in this presentation applies to Fee-for-Service (FFS), Primary Care Clinician (PCC) plans, and Primary Care Accountable Care Organizations (ACOs) only
- Providers are reminded that Managed Care Organization (MCO) and Accountable Care Partnership Plans have their own set of requirements and must consult with the member's plan directly for guidance

Obtaining Informed Consent



Informed Consent

- A physician must obtain informed consent from the member before performing a sterilization (or hysterectomy) procedure
- This consent includes a waiting period (in the case of sterilization) that allows the patient the opportunity to change his or her mind. It is a federal requirement that these steps be taken and documented by the physician before performing the procedure

Informed Consent Restrictions



- Informed consent for sterilization cannot be obtained or given while the member requesting sterilization is:
 - In labor or childbirth
 - Seeking to obtain or obtaining an abortion
 - Under the influence of alcohol or other substances that affects the individual's state of awareness

Prior Authorization Information

- Prior Authorization may be required depending on the billable code
- Providers are responsible for determining and fulfilling all requirements for sterilization procedures if there are any, including, but not limited to:
 - Prior Authorization (PA)
 - Medical necessity forms
 - Pre-Admission Screening (PAS)
 - Consent forms, etc.
- Applies to Fee-for-Service (FFS), Primary Care Clinician (PCC) plans, and Primary Care Accountable Care Organizations (ACOs) only

Referral Information

- A Referral may be required depending on the member's enrollment
 - Applies to Primary Care Clinician (PCC) and Primary Accountable Care Organization (ACO) plans only
 - PCC and Primary ACO referrals can be backdated at the discretion of the member's PCC provider
 - Refer Managed Care Organization (MCO) and Accountable Care Partnership members to their respective plan for referral inquiries
 - Fee-for-service (FFS) members do not need referrals

CONSENT FORM REQUIREMENTS

Sterilization Consent Form Basics

- Forms can be found on Mass.gov
 - www.mass.gov/lists/masshealth-provider-forms-used-by-multiple-provider-types
- Neither form, CS-21 nor CS-1,8 should be used for members undergoing a hysterectomy
 - For such members, please refer to form HI-1, HYSTERECTOMY INFORMATION FORM available at www.mass.gov/files/documents/2016/07/pz/hi-1.pdf

<p>MassHealth Commonwealth of Massachusetts • Executive Office of Health and Human Services Sterilization Consent Form (Ages 18 - 20)</p> <p><i>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.</i></p> <p>Consent to Sterilization I have asked for and received information about _____ (physician or clinic). When I was told that the decision to be sterilized was temporary, I was told that I could decide not to be sterilized. If my decision will not affect my right to future AFDC or MassHealth that I am now getting or eligible.</p> <p><i>I understand the sterilization must be considered reversible. I have decided that I do not want children, or father children.</i></p> <p>I was told about these temporary methods of birth control and could be provided to me that will allow me to have children in the future. I have rejected these alternatives as permanent.</p> <p>I understand that I will be sterilized by an operation known as _____. The benefits associated with the operation have been explained to me and questions have been answered to my satisfaction.</p> <p>I understand that the operation will not be done until I sign this form. I understand that I can change my decision at any time not to be sterilized with any benefits or medical services provided by AFDC or MassHealth that I am now getting or eligible.</p> <p>I am between 18 and 20 years of age and was sterilized by Dr. _____ hereby.</p> <p>My consent expires 180 days from the date of this signature.</p> <p>I also consent to the release of this form and other medical records about this operation to: representatives of MassHealth or projects funded by MassHealth but only for determining if federal laws were observed.</p> <p>I have received a copy of this form.</p> <p>Signature: _____ Date: _____ Member ID: </p> <p><i>You are requested to provide the following race and ethnicity information but it is not required. Check one block only.</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic origin)</p> <p>Statement of Person Obtaining Consent Before _____ signed the consent form, I explained to him or 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.</p> <p>CS-18 (Rev. 05/09)</p>	<p>MassHealth Commonwealth of Massachusetts • Executive Office of Health and Human Services Sterilization Consent Form (Ages 21 and Older)</p> <p><i>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.</i></p> <p>Consent to Sterilization I have asked for and received information about sterilization from _____ (physician or clinic). When I first asked for the information, I was told that the decision to be sterilized was 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 AFDC or MassHealth that I am now getting or for which I may become eligible.</p> <p><i>I understand 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></p> <p>I was told about these temporary methods of birth control that are available and could be provided to me that will allow me to bear or father a child in the future. I have rejected these alternatives and have chosen to be sterilized.</p> <p>I understand that I will be sterilized by an operation known as a _____. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.</p> <p>I understand that the operation will not be done until at least 30 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.</p> <p>I am at least 21 years of age and was born on _____. I, _____ hereby consent of my own free will to be sterilized by Dr. _____ by a method called _____. My consent expires 180 days from the date of my signature below.</p> <p>I also consent to the release of this form and other medical records about this operation to: representatives of MassHealth or employees of programs or projects funded by MassHealth but only for determining if federal laws were observed.</p> <p>I have received a copy of this form.</p> <p>Signature: _____ Date: _____ Member ID: </p> <p><i>You are requested to provide the following race and ethnicity information but it is not required. Check one block only.</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic origin)</p> <p>Statement of Person Obtaining Consent Before _____ signed the consent form, I explained to him or 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.</p> <p>CS-21 (Rev. 05/09)</p>	<p>with it. I counseled the individual to be sterilized that alternative methods of birth control are available that are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that he or she may withdraw consent at any time and that he or she will not lose any health services or any benefits provided by federal funds.</p> <p>To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He or she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.</p> <p>Signature: _____ Date: _____ Facility: _____ Address: _____</p> <p>Physician's Statement Shortly before I performed a sterilization upon _____ (name of member) on _____ (date), I explained to him or her the nature of the sterilization operation known as _____. 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 that are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that he or she may withdraw consent at any time and that he or she will not lose any health services or benefits provided by federal funds.</p> <p>To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He or she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.</p> <p><i>Check the box or boxes below that apply:</i> <input type="checkbox"/> (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date sterilization was performed. <input type="checkbox"/> (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: <input type="checkbox"/> a. Premature delivery. Expected date of delivery: _____ <input type="checkbox"/> b. Emergency abdominal surgery. Explain: _____</p> <p>Physician's Signature: _____ Date: _____ Provider No.: </p> <p>Interpreter's Statement <i>If an interpreter has assisted the individual considering sterilization, he or she must complete and sign the following statement.</i></p> <p>I have translated the information and advice presented orally to the individual considering sterilization by the person obtaining consent. I have also read to him or her the consent form in the following language: _____, and explained its contents to him or her. To the best of my knowledge and belief, she or he has understood this explanation.</p> <p>Signature: _____ Date: _____</p> <p>Original to Patient, Copy to Physician, Completed Copy to Be Submitted with Claim</p>
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COMMON ERRORS

Using Whiteout is Not Allowed



- MassHealth Sterilization Guidelines state the form cannot be altered with whiteout
- Please refer to the Sterilization Guidelines on what changes are acceptable
 - Insert link
- Corrections should be made by:
 - Striking through the error once on the original copy of the consent form,
 - Make the appropriate correction, and
 - The member providing consent must initial and date the correction.
- Failure to abide by these rules will result in a claim denial

CLAIM SUBMISSION

Requirements



- MassHealth regulations require that all providers attach a copy of the completed Consent for Sterilization Form to each claim for sterilization services
 - This provision applies to any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing
- When more than one provider is billing the MassHealth agency (for example, the physician and the hospital), each provider must submit a copy of the completed sterilization form with the claim
- For more information, refer to your respective provider type regulations
 - [MassHealth Provider Regulations hyperlink](#)

Attaching the Consent Form on the Provider Online Service Center (POSC)



- Forms can be attached using the Attachments tab of the Direct Data Entry (DDE) claim on the POSC:
 1. Select the Attachments tab
 2. Select New Item
 3. Select the Report Type and Transmission Code from the drop-down boxes
 4. Select Browse to locate and select the desired document for upload
 5. Select Add/Upload
- Repeat the steps for adding a new item if there are any additional documents that need to be uploaded

A screenshot of the POSC Attachments interface. The interface has a top navigation bar with tabs: "Billing and Service", "Extended Services", "Coordination of Benefits", and "Procedure". Below this is a sub-tab bar with "Attachments" and "Confirmation". A red number "1" points to the "Attachments" tab. Below the tabs is a "List of Attachments" section with a table header "Report Type" and "Date Attached". A "New Item" button is on the right, with a red number "2" pointing to it. Below the list is an "Attachments Detail" section. It contains a "Report Type" dropdown menu with "CK - Consent Forms(s)" selected, a red number "3" pointing to it, and a "Transmission Code" dropdown menu with "EL - Electronically Only" selected. Below these are a "Control #" text box and a "File Name" text box. A red number "4" points to the "Browse..." button next to the "File Name" box. At the bottom right is an "Add / Upload" button, with a red number "5" pointing to it. There is also a "Cancel Item" button at the bottom left.

- Sterilization Consent Form Guidelines
 - [Hyperlink](#)
- Sterilization Consent Form (18-20)
 - [Hyperlink](#)
- Sterilization Consent Form (21+)
 - [Hyperlink](#)
- Hysterectomy Information Form
 - [Hyperlink](#)
- Provider Library
 - [Hyperlink](#)
- Provider Regulations
 - [Hyperlink](#)