Sterilization Consent Form Instructions

Per Title 42 *Code of Federal Regulations* (CFR) 441, Subpart F, all sterilization procedures require a valid consent form. For timely processing, providers must complete all required fields and fax the Sterilization Consent Form to TMHP at 1-512-514-4229. TMHP should receive the Sterilization Consent Form at least five business days before the associated claim(s) are submitted.

Important: *Claims and appeals related to sterilization are not accepted by fax. TMHP only accepts Family Planning sterilization correspondence submitted to this fax number.*

Providers must use the most current version of the Sterilization Consent Form as posted to the TMHP website at www.tmhp.com.

Instructions

Providers must complete all sections of the Sterilization Consent Form as instructed. All of the fields must be completed legibly in order for the consent form to be valid. Any illegible field will result in a denial of the submitted consent form.

Important: *This form is fillable. Information can be typed directly into the form. This form CANNOT be electronically signed or dated. After the required fields have been completed, the form must be printed and signed and dated by all necessary parties. Only handwritten wet signatures and signature dates are accepted.*

Optional Free Text Field: The box in the upper right hand corner of the form is an optional field for provider or facility representatives needing to include additional information. TMHP will not use this field for processing.

The provider will not receive notice of an approval. All consent forms will be processed within three business days. If the provider has not received a faxed Sterilization Consent Form 838 Denial Letter by the fifth business day after submission, the provider can submit the claim for consideration of reimbursement.

If deficiencies are found with the submitted Sterilization Consent Form, TMHP will fax the provider an 838 Denial Letter with the denial and list of items to be corrected if applicable. The letter will be faxed to the provider using the fax number provided on the form by the fifth business day after submission. The provider must use the space indicated in the 838 Denial Letter to submit corrections to TMHP along with any required documentation as indicated in the letter.

Provider must not resubmit a corrected Sterilization Consent Form. Only the first submission of the consent form received by TMHP will be retained; resubmissions of the corrected Sterilization Consent Form will not be processed.

The following language versions of the Sterilization Consent Form are available:

Version	Instructions
English	This version is used if the client speaks English, or if a third party interpreter is used to communicate with the client. The provider must complete his/her information in English.
Spanish	This version is used if the client speaks Spanish. The provider can complete his/her information in English or Spanish.

Providers can use the following instructions to complete the English or Spanish version of the Sterilization Consent Form:

Field	Instructions
* Indicates a required field; ** Indicates a field required under certain conditions.	
1. Client Medicaid or HHSC Client Number	Indicate the client's Texas Medicaid Client number or HHSC's Client number, if the client is not enrolled in Medicaid.
2. Date Client Signed	The date the client signed the sterilization consent form. The date of the signature must be in the format mm/dd/yyyy, and must match all other signature dates indicated on the form with the exception of the physician's signature date.
Consent to Sterilization	
*3. Doctor or Clinic	Indicate the name of doctor or clinic that will perform the procedure.
*4. Specify Type of Operation	Indicate the name of sterilization operation. The name in this field should match all other instances where the name is required on the form.
*5. Client's Date of Birth, (mm/dd/yyyy)	Indicate the client's birthday in the format month/day/year. **Important:** *Clients must be at least 21 years of age when the consent form is signed. If the client was not 21 years of age when the consent form was signed, the consent will be denied. Changing signature dates is considered fraudulent and will be reported to the Office of the Inspector General (OIG).*
*6. Client's Full Name	Indicate the client's full name (first and last names are required).
*7. Doctor or Clinic	Indicate the name of doctor or clinic that will perform the procedure.
*8. Specify Type of Operation	Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form.
*9. Client's Signature:	The client must sign and date the form. **Important:** *A missing signature and date of signature will result in a final denial of the Sterilization Consent Form and all associated claims.*
*10. Date of Signature	The date of the signature must be in the format mm/dd/yyyy, and must match all other signature dates indicated on the form with the exception of the physician's signature date. This date must be added at the time the client signs the form. The date cannot be altered or added at a later date. **Important:** *Clients must be at least 21 years of age when the consent form is signed. If the client was not 21 years of age when the consent form was signed, the consent will be denied. Changing signature dates is considered fraudulent and will be reported to the Office of the Inspector General (OIG).*

Race and Ethnicity Designation (Completing this information is optional)	
11. – 12. This information is optional. Race and Ethnicity Designation is requested but not required.	

Interpreter's Statement	

If the client requires a third party to interpret this consent form because it is not in the client's primary language or the client cannot read and understand the information, the provider must complete the Interpreter's Statement.

Providers are *not* required to complete the Interpreter's Statement if either of the following is true:

- The consent form is written in the client's primary language, and the client can read and understand the information. English and Spanish versions are available.
- The person obtaining the consent speaks the client's language, and the client understands the information as read to them by the person obtaining the consent.

If an interpreter is used, this section must be completed in full. If an interpreter is not used, this section must be left blank. The consent will be denied for incomplete information if this section is partially completed.

Important: *If interpreter's service were required, a missing signature and date of signature will result in a final denial of the Sterilization Consent Form and all associated claims*.

13. Language	Indicate the name of language used by the interpreter to communicate the information to the client.
**14. Interpreter's Signature	The interpreter must sign and date the form.
**15. Date of Signature	The date of the signature must be in the format mm/dd/yyyy, and must match all other signature dates indicated on the form with the exception of the physician's signature date.

Statement of Person Obtaining Consent	
*16. Client's full name	Indicate the client's full first and last name (first and last names are required).
*17. Specify type of operation	Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form.
*18. Signature of Person Obtaining Consent	The statement of person obtaining consent must be signed and dated by the person who explains the surgery and its implications and alternate methods of birth control. The signature of person obtaining consent must be completed at the time the consent is obtained. The signature must be an *original signature*, not a rubber stamp. **Important:** *A missing signature and date of signature will result in a final denial of the Sterilization Consent Form and all associated claims.*
*19. Date of Signature	The date of the signature must be in the format mm/dd/yyyy, and must match all other signature dates indicated on the form with the exception of the physician's signature date.
*20. Facility Name	The name of the clinic/office where the client received the sterilization information.
*21. Facility Address	The address of the clinic/office where the client received the

Revised Date: 07/20/2021 | Effective Date: 09/01/2021

	sterilization information.
Physician's Statement	
*22. Name of Individual to be Sterilized	Indicate the client's full first and last name (first and last names are required).
*23. Date of Sterilization	The date of the sterilization must be in the format mm/dd/yyyy. The sterilization date must be at least 30 days and no more than 180 days from the date of the client's consent except in cases of premature delivery or emergency abdominal surgery. If the date is not between 30 and 180 days of the client's consent, the physician must indicate in the appropriate field the reason for the exception: (1) Premature delivery - There must be at least 72 hours between the date of consent and the date of surgery. The informed consent must have been given at least 30 days before the expected date of delivery. (2) Emergency abdominal surgery -There must be at least 72 hours between the date of consent and the date of surgery.
*24. Specify Type of Operation	Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form.

*25 - **26. Choose one of the two statements below as applicable *(timing of signature)*	The date the client signs the consent form must be at least 30 days before the date of surgery except in the cases of premature delivery and emergency abdominal surgery.
	
	(*25) The physician must attest to one of the following:
	
	• Option #1 – Choose option #1 in all cases *except* in the case of premature delivery or emergency abdominal surgery.
	
	• Option #2 – Choose option #2 in the case of premature delivery or emergency abdominal surgery. (**26) Identify the exception that applies by checking 2a or 2b as applicable and completing the additional information as applicable:
	
	    o **(a) Premature delivery - Individual's expected date of delivery (mm/dd/yyyy): The Expected Date of Delivery (EDD) is required when there are less than 30 days between the date of the client consent and date of surgery. The client's signature date must be at least 30 days prior to EDD. There must be at least 72 hours between the date of consent and the date of surgery.
	
	    o **(b) Emergency abdominal surgery (describe circumstances): Operative report(s) detailing the need for emergency abdominal surgery are required. There must be at least 72 hours between the date of consent and the date of surgery.

*27. Physician's Signature	The physician's signature must be original. Stamped or computer-generated signatures are not accepted. **Important:** *A missing signature and date of signature will result in a final denial of the Sterilization Consent Form and all associated claims.*
*28. Date of Signature	The date of the signature must be in the format mm/dd/yyyy, and must be on or after the date of surgery.

Paperwork Reduction Act Statement
This is a required statement and must be included on every Sterilization Consent Form submitted.

Form Processing and Provider Contact Information	
29. Provider Tax ID	Enter the physician's Tax Identification Number (TIN)
*30. NPI	Enter the physician's National Provider Identifier (NPI). This information is required.
*31. Taxonomy	Enter the physician's taxonomy code.
32. Provider/Clinic Telephone	Enter the provider/clinic's telephone number.
*33. Provider/Clinic Fax Number	Enter the provider/clinic's fax number. This information is required. **Important:** *If the Provider/Clinic Fax Number (field no. 33) is missing from the Sterilization Consent Form or is invalid, the provider will not receive notification of a denied consent form.*
34. Benefit Code	Enter the physician's benefit code.
35. Address	Enter the physician's address, including the city, state, and ZIP + 4 code.