



Sterilization Consent Form Instructions

Per Title 42 *Code of Federal Regulations* (CFR) 50, Subpart B, all sterilization procedures require a valid consent form regardless of the funding source. 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 are not accepted by fax. Only family planning sterilization correspondence can be sent to this fax number.*

This Sterilization Consent Form may be copied for provider use. Providers are encouraged to frequently recopy the original form to ensure legible copies and to expedite consent validation.

Note: *Hysterectomy Acknowledgment forms are not sterilization consents and should not be submitted in place of the Sterilization Consent Form. Hysterectomy Acknowledgment forms must be faxed to 1-512-514-4218.*

Instructions

Providers must complete all sections of the Sterilization Consent Form as applicable. 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. Providers must resubmit denied consent forms with all required fields on the consent form itself completed legibly; resubmission with information indicated on a cover page or letter will not be accepted.

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
Client Medicaid or DSHS Client Number:	Indicate the client's Texas Medicaid or DSHS Client number. Note: <i>Clients who receive services funded by DSHS programs may not have a DSHS Client number. Indicate the appropriate funding source in the "All Fields in This Box Required for</i>

Field	Instructions
	<i>Processing” section at the bottom of the sterilization consent form.</i>
Date Client Signed	The date the client signed the sterilization consent form. The date of the signature must be in the format month/day/year, and must match all other signature dates indicated on the form with the exception of the physician’s signature date.
Choose one (<i>initial submission or correction</i>)	Check the appropriate box to indicate if this is the initial submission of the Sterilization Consent Form, or if this is a subsequent submission to correct a previously denied form.
Consent to Sterilization	
Doctor or clinic	Indicate the name of doctor or clinic that will perform the procedure.
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.
Client’s Date of Birth	Indicate the client’s birthday in the format month/day/year. Important: <i>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).</i>
Person consenting to sterilization	Indicate the client’s full name (first and last names are required).
Doctor or clinic	Indicate the name of doctor or clinic that will perform the procedure.
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.
Client’s Signature:	The client must sign and date the form.
Date of Signature	The date of the signature must be in the format month/day/year,

Field	Instructions
	<p>and must match all other signature dates indicated on the form with the exception of the physician's signature date.</p> <p>This date must be added at the time the client signs the form. The date cannot be altered or added at a later date.</p> <p>Important: <i>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).</i></p>
Race and Ethnicity Designation (Completing this information is optional)	
This information is optional. Race and Ethnicity Designation is requested but not required.	
Interpreter's Statement	
<p>If the client requires a third party to interpret this consent form because it is not in the client's language or the client cannot read and understand the information, the provider must complete the Interpreter's Statement.</p> <p>Providers are <i>not</i> required to complete the Interpreter's Statement if either of the following is true:</p> <ul style="list-style-type: none"> • The consent form is written in the client's 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. <p>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.</p>	
Language	Indicate the name of language used by the interpreter to communicate the information to the client.
Interpreter's Signature:	The interpreter must sign and date the form.
Date of Signature	The date of the signature must be in the format month/day/year, 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	

Field	Instructions
Client's full name	Indicate the client's full name (first and last names are required).
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.
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 <i>original signature</i> , not a rubber stamp.
Date of Signature	The date of the signature must be in the format month/day/year, and must match all other signature dates indicated on the form with the exception of the physician's signature date.
Facility Name	The name of the clinic/office where the client received the sterilization information.
Facility Address	The address of the clinic/office where the client received the sterilization information.
Physician's Statement	
Name of individual to be sterilized	Indicate the client's full name (first and last names are required).
Date of sterilization	The date of the sterilization must be in the format month/day/year. 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

Field	Instructions
	<p>the expected date of delivery.</p> <p>(2) Emergency Abdominal Surgery -There must be at least 72 hours between the date of consent and the date of surgery. Operative reports detailing the need for emergency surgery are required.</p>
Specify type of operation	<p>Indicate the name of the sterilization operation.</p> <p>The name in this field should match all other instances where the name is required on the form.</p>
Choose one of the two statements below as applicable (<i>timing of signature</i>)	<p>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. The physician must attest to one of the following:</p> <ul style="list-style-type: none"> • Option #1 – Choose option #1 in all cases <i>except</i> 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. Identify the exception that applies by checking 2a or 2b as applicable and completing the additional information as applicable: <ul style="list-style-type: none"> ○ (2a) Premature delivery - Individual's expected date of delivery (month, day, year): 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. ○ (2b) 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.
Physician's Signature:	The physician's signature must be original. Stamped or computer-generated signatures are not accepted.
Date of Signature	The date of the signature must be in the format month/day/year, and must be on or after the date of surgery.

Field	Instructions
Paperwork Reduction Act Statement	
This is a required statement and must be included on every Sterilization Consent Form submitted.	
All Fields in This Box Required for Processing	
TPI	The physician's Texas Provider Identifier (TPI) is required to expedite the processing of the consent form.
NPI	The physician's National Provider Identifier (NPI) is required to expedite the processing of the consent form.
Taxonomy	The physician's taxonomy code is required to expedite the processing of the consent form.
Benefit Code	The physician's benefit code is required to expedite the processing of the consent form.
Provider/Clinic Telephone	Indicate the provider/clinic's telephone number.
Provider/Clinic Fax Number	Indicate the provider/clinic's fax number.
Program (Check one)	<p>Indicate the funding source for the family planning services rendered:</p> <ul style="list-style-type: none"> • DSHS Family Planning Program (DFPP) • Title XIX Medicaid (Check this box for Title XIX family planning and for TWHP) • Primary Health Care (PHC) Program • Expanded Primary Health Care (EPHC) Program