

Rule No. 560-X-6-09. Consent Forms Required Before Payments Can Be Made.

(1) Abortions: A claim seeking payment for an abortion must be accompanied by one or more (depending on the circumstance) of the forms required by federal law and a copy of the medical records. Payment is available for abortions as provided under federal law.

In the event the abortion does not meet the requirements of federal law, and the recipient elects to have the abortion, the provider may bill the recipient for the abortion.

(2) Sterilization: A claim seeking payment for sterilization must be accompanied by a sterilization form (Form 193) or Medicaid approved substitute.

Sterilization by Hysterectomy

(a) Payment is not available for a hysterectomy if:

1. It was performed solely for the purpose of rendering an individual permanently incapable of reproducing, or
2. If there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

Hysterectomy procedures performed for the sole purpose of rendering an individual incapable of reproducing are no longer covered under Medicaid. Hysterectomies done as a medical necessity as treatment of disease can be paid for by the Medicaid funds under the physician's program.

(b) A claim seeking payment for a hysterectomy performed for reasons of medical necessity, and not for purpose of sterilization, must be accompanied by a Hysterectomy Consent Form PHY-81243 (rev. 052082) or Medicaid approved substitute. See Chapter 28 for sample copy of this form. The doctor's explanation to the patient that the operation will make her sterile, and the doctor's and recipient's signature must precede the operation except in the case of medical emergency.

The consent form is not required if the operation took place on or after March 8, 1979, and if (1) the physician who performed the hysterectomy certifies in writing that the patient was already sterile when the hysterectomy was performed; the cause of sterility must be stated in this written statement, or if (2) the physician who performed the hysterectomy certifies in writing that the hysterectomy was performed under a life-threatening emergency situation in which prior acknowledgement was not possible. This written statement must include a description of the nature of the emergency, or if (3) the hysterectomy was performed during a period of retroactive Medicaid eligibility, and the physician who performed the hysterectomy submits, in lieu of the consent form, a written statement certifying that the individual was informed before the operation that the hysterectomy would make her sterile.

Completed copies of the consent form must be submitted by a provider-physician, hospital, laboratory, or other providers who submit a claim related to a hysterectomy. The form must be signed by both the patient, or a representative, and the physician.

Copies of the signed form should be obtained from the physician by the hospital, laboratory, or other provider and submitted with their claims.

(3) Accident: A claim seeking payment for service made necessary because of an accident may require an accident/insurance form (XIX-TPD-1-76). See Chapter 20 (Third Party) for specific details. A copy of this form is included in Chapter 28.

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Statutory Authority: Title XIX, Social Security Act, 42 C.F.R. Section 401, Et seq.; State Plan.

History: Rule effective October 1, 1982. Amended March 12, 1987. Emergency rule effective March 1, 1989. Amended June 16, 1989, and March 15, 1994. **Amended:** Filed March 20, 2002; effective June 14, 2002. **Amended:** Filed February 18, 2003; effective May 16, 2003.