Amerigroup Provider Training

Verification of Hysterectomy and Sterilization Consent Forms
Definitions

• Consent Form – A form signed by a patient to indicate his or her understanding of and voluntary participation in the medical procedure to be performed

• Hysterectomy – Surgery to remove the uterus and sometimes the cervix

• Sterilization – The process of making a patient permanently unable to reproduce
Hysterectomies

• Medically Necessary – A medically necessary hysterectomy may be covered only when the physician has informed the recipient that the surgery will render the recipient permanently incapable of reproducing.

• Hysterectomy services require the submission of appropriate certification.
Before surgery

• Orally and in writing before the surgery is performed (FA-50)

• Recipient has signed a written Acknowledgment of Receipt of Hysterectomy Information Form

FA 50 Required Fields
After surgery

• Emergency – If prior acknowledgement is not possible because a hysterectomy was performed under a life-threatening emergency situation
  – Completed physician statement must be attached to each claim form related to the hysterectomy
    o Example: Surgeon, hospital and anesthesiologist
    o Must include a description of the nature of the emergency
    o Certification must be dated after the emergency
    o Recipient does not have to sign this form
• Recipient was already sterile at the time of surgery
  – State the cause of the sterility
Prior authorization

• Prior authorization is not required for a medically necessary outpatient hysterectomy procedure.
• Prior authorization is required for all inpatient hospital admissions.
Sterilization

Payment is available when all the following conditions are met. The recipient must:

• Be at least 21 years old when the consent is obtained
• Be neither mentally incompetent nor institutionalized
• Not be in labor
• Not be under the influence of alcohol or drugs
• Not be seeking or obtaining an abortion
• Have voluntarily given consent and signed the Sterilization Consent Form (FA-56) within the 30-day time frame
Consent forms

Consent must be obtained at least 30 calendar days but not more than 180 calendar days before the sterilization except under the following circumstances:

• Premature Delivery
  – Consent must be obtained at least 30 calendar days before expected date of delivery or at least 72 hours prior to the surgery
  – State the expected date of delivery

• Emergency Abdominal Surgery
  – Consent must be obtained at least 72 hours prior to the surgery
  – Must describe the emergency
Informed consent

The recipient must be informed orally of the following prior to signing the sterilization consent form:

• About the procedure
• About alternative methods of family planning and birth control
• Sterilization is considered irreversible
• Discomfort and risks of surgery
• Benefits or advantages of sterilization
• No federal benefits will be withdrawn if sterilization is not elected
Prior authorization

• Prior authorization is not required for outpatient sterilization procedures.
• Prior authorization is required for all inpatient hospital admissions.
Forms

Approved forms are available on the Nevada Medicaid Website:
https://www.medicaid.nv.gov/providers/forms/forms.aspx

All signatures on the forms must be handwritten. A stamped signature is not acceptable.