

Provider Update

Reminder: Submit a Consent Form with Every Abortion, Sterilization or Hysterectomy Claim

Reminder: All claim submissions for abortion, sterilization or hysterectomy services must include completed and signed federally mandated consent forms.

✦ **What this means to you:** Pass this information to your office or billing staff — claims may be denied if not properly coded or if complete documentation is not supplied

Every time you submit a claim for one of these services or related procedures, you must complete and include one of the following federally mandated consent forms for reimbursement:

- Certificate of Necessity for Abortion
- Informed Consent for Voluntary Sterilization
- Hysterectomy Acknowledgment Form

Each form must be completed in its entirety and submitted to us before your claim can be adjudicated.

Remember, the Consent for Voluntary Sterilization form requires the provider to cross out the paragraph that does not apply. See sample form section below:

SELECT THE APPROPRIATE PARAGRAPH: NUMBER (1) OR NUMBER (2)
(Cross out the paragraph which is not used.)

Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used.

- (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.
- (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 the following circumstances (check applicable box and fill in information requested):

Where can I find the forms requirements?

Visit the [Georgia Health Partnership website](#).

- The Certificate of Necessity for Abortion (DMA-311) and Informed Consent for Voluntary Sterilization (DMA-69) forms are located under Provider Information > Forms.
- The Hysterectomy Acknowledgement form (DMA-276) is located in appendix G of the Physician Services manual; go to Provider Information > Provider Manuals.

Check these DCH manuals and forms for updates or revisions on at least a quarterly basis.

What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.

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