

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Family Planning Clinics, Federally Qualified Health Centers, Hospital Providers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Clarification of the Completion Instructions for the Consent for Sterilization Form

This *ForwardHealth Update* provides revised state-specific completion instructions for the Consent for Sterilization form, F-01164 (10/08), and announces that ForwardHealth is now requesting the member's ForwardHealth member ID on the Consent for Sterilization form.

Background

Federal laws related to sterilization require the use of the Consent for Sterilization form, F-01164 (10/08) (also known as federal form HHS-687). The instructions that accompany the federal form list only the high-level requirements so ForwardHealth has developed step-by-step instructions to accompany the form.

Consent Form Completion Instructions Revised

ForwardHealth has revised the Consent for Sterilization Completion Instructions, F-01164A (10/15), to clarify the information required in each element of the form and to add numbering to correspond to the numbering on the form. All Consent for Sterilization forms completed on and after December 1, 2015, regardless of the date of service, are required to comply with the revised instructions. A copy of the revised completion instructions is available in Attachment 1 of this *ForwardHealth Update*. A sample form is available in Attachment 2.

New Information Requested on the Form

To assist with processing the form, ForwardHealth is requesting that providers write the member's ForwardHealth member identification number at the top of the completed form.

Required Signatures

ForwardHealth requires all of the following individuals to sign and date the completed form by hand (electronic signatures will not be accepted):

- The individual to be sterilized.
- The interpreter, if one was provided.
- The person who obtained the consent.
- The physician who performed the sterilization procedure.

If any of the required signatures or initials and dates are missing or incomplete, the form will be considered invalid and will be returned to the provider.

Note: ForwardHealth allows the use of off-site interpreters (using video technology or telephone) for assistance in the completion of this form. The off-site interpreter is required to sign and date the form by hand (electronic signatures will not be accepted, and the interpreter's ID number does not fulfill this requirement). A copy of the completed form can be sent to the off-site interpreter for his or her signature and then faxed back to the provider.

Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Providers are reminded that members are allowed to receive family planning services outside an HMO's provider network. In such cases, family planning services are reimbursed on a fee-for-service basis.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Consent for Sterilization Completion Instructions

(A copy of the “Consent for Sterilization Completion Instructions” is located on the following pages.)

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FORWARDHEALTH CONSENT FOR STERILIZATION COMPLETION INSTRUCTIONS

ForwardHealth requires information to enable the programs to authorize and pay for medical services provided to eligible members.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (Wis. Admin. Code § DHS 104.02[4]).

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

The use of this form is mandatory in order for ForwardHealth to reimburse providers for services. Providers are required to complete all sections of this form as applicable. Illegible forms will be returned.

Corrections to Form

Corrections to this form are allowed. The use of opaque correction fluid on the Consent for Sterilization form, F-01164 (also known as federal form HHS-687), is prohibited; instead, strike-through the incorrect information. Corrected fields must be initialed and dated by the member and/or physician as directed below.

Note: Corrections to Element 12 of this form could affect the 30-day waiting period.

CONSENT TO STERILIZATION

The person who obtains the informed consent must provide orally all of the requirements for the informed consent as listed on the consent form, offer to answer any questions, and provide a copy of the consent form to the member to be sterilized for consideration during the waiting period. (The person obtaining consent need not be the physician performing the procedure.)

Notes:

- Arrangements must be made to ensure that the required information is effectively communicated to the member to be sterilized if he or she is blind, deaf, or otherwise handicapped.
- The member must give his or her consent to be sterilized by signing (Element 7) and dating (Element 8) under the Consent to Sterilization section, as instructed below.
- The member's consent expires 180 days from the signature date in Element 8. A new consent form and 30-day waiting period will be required after 180 days.

Note: Write the member's 10-digit ForwardHealth member ID number at the top of the form; there is no field on the form for this information. This information is requested but not required.

Element 1 — Doctor or Clinic (Required)

Enter the name of the physician or clinic providing the information to the member. The information indicated in Element 1 is not required to match Elements 5 or 26. The consent form is transferable; therefore, a member may receive information from one doctor/clinic and be sterilized by another. **The person obtaining the member's consent or the physician must initial and date corrections to this field.**

Element 2 — Procedure (Required)

Specify the type of operation (e.g., tubal ligation or vasectomy). The information given in Element 2 must be comparable, but not necessarily identical, to Elements 6, 14, or 21. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. **The member must initial corrections to this field.**

Element 3 — Date of Birth (Required)

Enter the member's date of birth. The month, day, and year must be clearly indicated. The member must be at least 21 years of age to give consent. **The member must initial corrections to this field.**

Element 4 — Name of Member (Required)

Enter the member's full name. The member's name must be legible. **Initials are acceptable for the first and/or middle name only.** The name may be typed. If the information provided in this element does not match the signature in Element 7, check Wisconsin's Enrollment Verification System (EVS) to verify that this is the same person. The name in Element 4 should be considered the valid name. **The member must initial corrections to this field.**

Element 5 — Doctor (Required)

Enter the name of the physician performing the sterilization. If the name of the physician is unknown at the time of consent, the name of the clinic, affiliate, or associate is acceptable. The physician's name indicated in Element 5 is not required to match Element 1 or 26.

The person obtaining the member's consent or the physician is required to initial and date corrections to this field. (A consent form is transferable.)

Element 6 — Procedure (Required)

Specify the type of sterilization operation. Information given in Element 6 must be comparable, but not necessarily identical, to Elements 2, 14, or 21. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. **The member must initial corrections to this field.**

Element 7 — Signature of Member (Required)

The member must sign this element to indicate consent; the following should be used as guidelines:

- It is unacceptable for the member's signature to be **completely** different from the name in Element 4. For example, it is acceptable to see "Patty" as a first name in the signature block, but "Patricia" in Element 4. However, "Patty" in the signature block and "Jane" in Element 4 would not be acceptable.
- Initials are acceptable for the first and/or middle name. An "X" is acceptable as a signature **if** a witness of the member's choice has signed the form.

The individual obtaining consent may not act as a witness. There is no field on the form for a witness' signature; it should appear directly below the member signature element and be followed by the date of witness, which must match the member's signature date in Element 8.

The member must initial corrections to this field.

Element 8 — Date (Required)

Enter the date that the member signs the form. The member must be at least 21 years old on this date. If the signature date is the member's 21st birthday, the consent is acceptable. **The member must initial corrections to this field.**

At least 30 days but not more than 180 days, excluding the consent and surgery dates, must have passed between the date of the written informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery, in which case Elements 23 through 25 must be completed as applicable.

Element 9 — Race and Ethnic Designation (Not Required)

Check the appropriate box. This information is requested but not required. **No initials are required for corrections to this field.**

INTERPRETER'S STATEMENT

An interpreter must be provided to assist the member if the member does not understand the language used on the consent form or the language used by the person obtaining the consent. If an interpreter is provided, Elements 10, 11, and 12 are required. The interpreter must sign (Element 11) and date (Element 12) to certify that the interpreter complied with the requirements in the Interpreter's Statement section of the form. Interpreter services can be provided face-to-face or remotely (for example, using video technology or telephonically). However, the interpreter must provide his or her signature on the form to certify that he or she translated the information and advice presented orally and read the consent form and explained its contents to the individual to be sterilized and that, to the best of the interpreter's knowledge and belief, the member understood what the interpreter told him or her.

Elements 10 — Language

Enter the language in which the member was counseled. **Neither the member's nor the provider's initials are required for corrections to this field.**

Elements 11 — Interpreter's Signature

The interpreter must provide a handwritten signature. A signature stamp or computer-generated signature is not acceptable. **Neither the member's nor the provider's initials are required for corrections to this field.**

Elements 12 — Date of Interpreter's Signature

Enter the date that the interpreter signed the form. To indicate that the translation was provided before the member's signature date, the date in Element 12 must be on or before the member's signature date in Element 8.

If the translation was provided after the member's signature date (which is indicated by an interpreter's signature dated after the member's signature date), then a new 30-day waiting period would be required. The new 30-day waiting period would begin on the day following the date that the interpreter signed the form. However, a new 30-day waiting period is not required in this instance if the interpreter includes a statement accompanying the signature date (within the Interpreter's Statement section) including the actual date on which he or she provided the service. The statement can read, "I provided interpreter services on [date]." This exact wording is not required. The interpreter must initial the statement. **The interpreter must initial corrections to this field.**

STATEMENT OF PERSON OBTAINING CONSENT

The person securing the member's consent must sign (Element 15) and date (Element 16) to certify that she or he complied with the requirements in the Statement of Person Obtaining Consent section of the form.

Element 13 — Name of Member (Required)

Enter the member's first and last name. The member's name must be legible. The member's name does not need to exactly match the name in Element 4 or 7. **The member must initial corrections to this field.**

Element 14 — Procedure (Required)

Specify the type of sterilization operation. The information given in Element 14 must be comparable, but not necessarily identical, to Elements 2, 6, or 21. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. **The member must initial corrections to this field.**

Elements 15–18 — Signature of Person Obtaining Consent, Date, Facility, Address (Required)

The person obtaining the consent for sterilization is required to complete this section. The person obtaining the consent may be, but is not required to be, the physician performing the procedure. In addition, the following is required:

- The person obtaining the consent for sterilization is required to sign (Element 15) and date (Element 16).
- The signature date (Element 16) may be prior to, on, or after the date the member signs (Element 8).
- A facility name (Element 17) and/or facility address (Element 18) must be indicated. The facility is the place where the member received information about the sterilization and is not necessarily the facility where the procedure is performed.

The person obtaining the member's consent is required to initial corrections to these fields.

PHYSICIAN'S STATEMENT

The physician who performed the sterilization is required to sign (Element 26) and date (Element 27) to certify that he or she complied with the requirements in the Physician's Statement section of the form.

Element 19 — Name of individual (Required)

Enter the member's name. The member's name does not need to exactly match the name in Element 4 or 13. The member's name must be legible. **The member must initial corrections to this field.**

Element 20 — Date of sterilization (Required)

Enter the date on which the sterilization was performed.

Notes:

- The date must match the date of service (DOS) on the claim.
- Reimbursement is not allowed unless at least 30 days, but no more than 180 days, have passed between the date of informed consent and the date of the sterilization. This means the DOS must be at least the 31st day after the member's signature date and no later than the 181st day after that date. **Neither the date of informed consent nor the date of surgery will be counted as part of the 30-day waiting period requirement.**
- In cases of premature delivery, the consent form must have been signed at least 30 days prior to the expected date of delivery as identified in Element 24 and at least 72 hours must have passed before premature delivery.
- In cases of emergency abdominal surgery, at least 72 hours must have passed from the date the member gave informed consent to be sterilized. Element 23 must be completed in the case of premature delivery or emergency abdominal surgery.

The physician is required to initial corrections to this field.

Element 21 — Specify type of operation (Required)

Specify the type of sterilization operation performed. This information must be comparable to Elements 2, 6, and 14. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. **The member must initial corrections to this field.**

Element 22 — Alternative Final Paragraphs (Required)

Cross out whichever paragraph is not used: (In most cases, paragraph [2] will be crossed out.)

- Cross out paragraph (2) if the minimum waiting period of 30 days has been met.
- Cross out paragraph (1) if the minimum waiting period of 30 days has **not** been met. Complete Elements 23–25 as applicable.

The physician is required to initial and date corrections to this field.

Elements 23–25 — Exception to 30-Day Requirement (Required if less than 30 days have passed between date of signed consent and sterilization date.)

Select the applicable box and complete the requested information.

Premature delivery: If this box is checked, enter the expected date of delivery. (Premature delivery occurs when the member signed the consent form more than 30 days prior to the expected date of delivery but delivered prior to the expected date.) If the expected date of delivery is not entered, the form will be returned. **The physician is required to initial and date corrections to this field.**

Emergency abdominal surgery: If this box is checked, briefly describe the emergency. If the emergency surgery is not described, the form will be returned. **The physician is required to initial and date corrections to this field.**

Elements 26–27 — Physician's Signature and Date (Required)

The physician who performed the sterilization must sign and date the form. **The physician is required to initial and date corrections to this field.**

Notes:

- A signature stamp or computer-generated signature is not acceptable.
- The physician's signature on the consent form does not need to exactly match the rendering physician's name on the claim form. It is unacceptable for the physician's signature to be completely different from the name on the claim form.
- Physician's signature date must be on or after the date in Element 20 (i.e., the date the sterilization was performed).
- A nurse or other individual's signature is not acceptable.

ATTACHMENT 2

Consent for Sterilization

(A copy of the “Consent for Sterilization” form is located on the following page.)

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

26 27
Physician's Signature Date