ELECTIVE STERILIZATION  
(TUBAL LIGATIONS/OCCLUSIONS AND VASECTOMIES)

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers tubal ligation/occlusions and vasectomy as a permanent means of birth control.

Providers that perform sterilization procedures for the primary purpose of permanent birth control must obtain consent prior to the procedure being performed.

WRITTEN CONSENT FOR STERILIZATIONS

ND Medicaid will cover sterilization procedures performed for the purpose of permanent birth control if the member provides voluntary informed consent, is at least twenty-one years of age at the time consent is obtained, is mentally competent, and is not institutionalized. The person obtaining the consent must give the member:

- An opportunity to ask questions about the sterilization procedure;
- An oral explanation about the procedure and any procedural risks in accordance with consent form requirements;
- A copy of the consent form;
- Advice that the decision to be sterilized will not affect future care or benefits and that the sterilization will not be performed until at least 30 days have passed, except in the case of premature delivery.

A member may not consent to sterilization when:

- In labor or childbirth;
- Seeking to obtain or obtaining an abortion;
- Under the influence of alcohol or other substances that affect the member’s state of awareness.
WRITTEN CONSENT FORM

ND Medicaid will accept **either:**

SF 989 (Sterilization Consent Form) [https://www.nd.gov/eforms/Doc/sfn00989.pdf](https://www.nd.gov/eforms/Doc/sfn00989.pdf)

**OR**

the Federal HHS Consent for Sterilization form

Effective July 1, 2019 ND Medicaid will no longer accept the ND-specific form (SFN 989); however, until that time, either form is acceptable.

No other forms will be accepted.

The provider who obtains consent for sterilization must answer the member’s questions regarding the procedure, provide a copy of the consent form, and explain the requirements for informed consent that are listed on the consent form. Shortly before the sterilization, the physician who will perform the procedure must explain the requirements for informed consent that are listed on the consent form.

A sign language or foreign language interpreter must be provided to ensure that information regarding the sterilization is communicated effectively to a hearing impaired or non-English speaking member.

The consent form must be signed and dated by all of the following or the claim will not be processed.

- **The individual to be sterilized.** An informed consent is valid only if at least 30 days have passed, but not more than 180 days have passed from the date of signature, except in cases of premature delivery or emergency abdominal surgery. If a member is sterilized at the time of a premature delivery or emergency abdominal surgery, payment will be made if at least 72 hours have passed since the patient gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been signed at least 30 days before the expected delivery date. An emergency caesarean section can be considered premature delivery, but is not emergency abdominal surgery.

- **The interpreter, if one was provided.** The interpreter must sign and date the form after the patient signs it but before the day of the surgery.
• **The person who obtained the consent.** The person obtaining consent also must sign and date the form after the patient signs it but before the day of surgery.

• **The physician who performed the sterilization procedure.** The physician must sign the form the day of surgery, or after the surgery.

The member may not be billed if the provider fails to accurately complete the consent form.

**STANDARDS FOR RETROACTIVE ELIGIBILITY**

The Sterilization consent form requirements cannot be met retroactively. Providers may want to complete a consent form and allow for the 30-day waiting period when individuals without financial resources or insurance coverage request sterilization and indicate that they are considering application or have applied for ND Medicaid. An alternative approach would be to inform the individual, preferably in writing, that retroactive eligibility does not apply to sterilization procedures unless a consent form is signed and the 30-day waiting period adhered to. Individuals must be informed that they will be held accountable for charges before the service is provided.

**BILLING GUIDELINES**

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.

If the claim was submitted through the ND Web Portal or EDI, the consent form must be received within 30 days or the claim will be denied.

Tubal charges that are billed on an Inpatient claim must be entered in the Notes/Remarks section on the Web Portal or billing notes section for EDI transactions.

A break out of all tubal charges must be entered in Form Locator 80 when billing for inpatient services on a paper UB04 claim form.