



MEDICALLY NECESSARY (NON-ELECTIVE) STERILIZATION (Hysterectomy, Oophorectomy, Orchiectomy)

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.

WRITTEN CONSENT FOR STERILIZATION AND MEMBER ACKNOWLEDGEMENT OF STERILITY

ND Medicaid covers medically necessary sterilization unless it is performed for the primary purpose of making the member sterile. The member and his or her representative, if applicable, must sign an acknowledgment of receipt of both oral and written information that the genital system surgical procedure (e.g. hysterectomy, oophorectomy, orchiectomy) would make the member permanently incapable of reproducing children. The Physician Certification for Sterilization and Member Acknowledgment of Sterility **SFN 614** form (consent form) and instructions for completing are available at

www.nd.gov/dhs/services/medicalserv/medicaid/online-forms.html.

Do not use the Sterilization Consent Form (SFN 614) for tubal ligations.

The Physician Certification for Sterilization and Consent form (SFN 614), when signed by the member or his or her representative indicates that the provider informed the member (and his or her guardian if applicable), that the procedure would cause sterility.

The member or member's guardian may sign the consent form before or after the genital system surgical procedure. Guardians must sign the consent form for mentally incompetent members. A member residing in an institution may sign the acknowledgment for themselves unless he or she has been found incompetent by a court.

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.