

# STERILIZATION

## ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider’s National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement. Providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form.

Sterilization services may be provided by the following providers:

- Ambulatory surgical centers
- Anesthesiologists and CRNAs
- Clinical nurse specialists
- Federally qualified health centers (FQHCs)
- Health department clinics
- Indian Health Services facilities (IHS)
- Inpatient hospital departments
- Nurse practitioners
- Outpatient hospital departments
- Physician assistants
- Physicians
- Rural health clinics (RHCs)
- Tribal 638 facilities

## ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient’s Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid’s [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter and in the table below:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to postpartum care only.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles for Medicare Part A and Part B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including issues that can harm the life of the mother or baby.

Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including issues that can harm the life of the mother or baby. Sterilization is only covered as part of a bundle when billed with the global delivery codes.
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Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility.

Payment for sterilization is limited to those procedures performed on a recipient who meets the following criteria:

- Is at least 21 years old;
- Has signed an informed consent form after his or her 21<sup>st</sup> birthday; and
- Is a legally competent individual.

Both males and females that meet these criteria are eligible for sterilization procedures.

## CONSENT FORM

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Sterilization services are only covered if informed consent is completed in compliance with federal regulation [42 CFR 441, Subpart F](#) . The form must be attached to the claim form in order to receive payment.

### Informed Consent

Informed consent consists of the following:

1. Providing a copy of the consent form to the individual to be sterilized;
2. Offering to answer any questions the individual has about sterilization;
3. Giving the following information to the person to be sterilized;
  - The recipient may withdraw their consent at any time prior to sterilization and that the withdrawal will not affect any Medicaid program benefits;
  - A description of alternative methods of birth control;
  - The procedure is considered to be irreversible;
  - An explanation of the sterilization procedure to be performed;
  - An explanation of discomforts and risks of the sterilization procedure, including anesthetic risks; and
  - A full description of the benefits that may be expected.
4. Making arrangements to effectively inform the blind, deaf, and those who do not understand the language.

Informed consent may not be obtained while the individual is:

- In labor or child birth;
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or drugs.

At least 30 days but not more than 180 days must pass between the date the informed consent was signed and the date of the sterilization. Exceptions to this requirement are listed below.

In the event of a premature delivery, the following must occur:

- The consent form must be signed by the individual to be sterilized at least 30 days prior to expected delivery date and at least 72 hours prior to the sterilization; and
- The date of the expected delivery must be written on the consent form.

In the event the sterilization is performed during an emergency abdominal surgery, the following must occur:

- The consent form must be signed by the individual to be sterilized at least 72 hours prior to sterilization; and
- The physician must describe the surgery and document the medical necessity of the emergency abdominal surgery.

## STERILIZATION CONSENT FORM INSTRUCTIONS

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The sterilization consent form is available in English and Spanish on the [DSS website](#).

### Consent to Sterilization

All fields in this section must be completed at the time of recipient signature. The consent form must be signed by the recipient at least 30 days and no more than 180 days prior to sterilization surgery, and must include the following:

- Physician (MD or DO) or Clinic obtaining the consent;
- Name of operation (Important - The name of the surgery given here must match the name of the surgery in the Statement of Person Obtaining Consent section. If the method of sterilization does not match the Physician's Statement section, attach medical records documenting the difference between the planned procedure and the performed procedure to the claim for review by South Dakota Medicaid);
- Month, day, and year of the recipient's birth;
- Recipient's name;
- Name of the physician/clinic that will be performing the surgery;
- Name of the operation;
- Recipient's signature; and
- Month, day, and year the recipient signed the form.

### Interpreter's Statement

This section must be complete when the recipient requires the services of an interpreter:

- The recipient's native language; and
- Signature of the interpreter and the date the information was provided (the date should be the same as the date from the Consent to Sterilization section).

### Statement of Person Obtaining Consent

All fields in the section must be completed at the time of recipient signature.

- Name of the individual requesting the sterilization;
- Name of the operation to be performed (Important - This must match the name of the surgery previously specified);
- Signature of the person obtaining the consent and witnessing the recipient's signature and the date the consent was obtained (Important - The date should be the same as the date from the Consent to Sterilization section);
- Name of the facility or agency the individual represents; and
- Mailing address of the facility or agency.

### Physician's Statement

This section must be completed prior to sending the claim.

- Name of the recipient;
- Date of the operation. The operation must take place 30 days or more after the recipient signs the form;
  - Note: If the sterilization was performed less than 30 days but more the 72 hour after the date of the individual's signature on the consent form, please check the appropriate box and provide any applicable information including but not limited to the original due date and/or supporting medical records.
- Name of operation performed. (Important - This must match the name of the surgery previously specified. If the method of sterilization does not match, attach medical records documenting the difference between the planned procedure and the performed procedure to the claim for review by South Dakota Medicaid);
- Signature of the physician who performed the operation;
- Date of physician's signature. This document may only be signed after the surgery is completed.

The completed consent form must be attached to all sterilization claims submitted to South Dakota Medicaid.

## NON-COVERED STERILIZATION SERVICES

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South Dakota Medicaid does not reimburse the following:

- Sterilization of a mentally incompetent individual;
- Sterilization of an institutionalized individual;
- Sterilization of an individual who has not reached his or her 21<sup>st</sup> birthday when the sterilization consent form is signed;
- Sterilization when the consent form is not completed, is not accurate, or is not legible;
- Sterilization when the consent form was not signed 30 days or more prior to the surgery, unless it qualifies for one of the stated exceptions;
- Sterilization when the consent form was signed more than 180 days prior to surgery; or

- Procedures to reverse a previous sterilization.

## DOCUMENTATION REQUIREMENTS

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### Record Retention

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. Medical and financial records must be retained for at least six years after the last claim is paid or denied. Records may not be destroyed when an audit or investigation is pending. Providers must grant access to these records to agencies involved in a Medicaid review or investigation.

### Required Medical Records

Per [ARSD 67:16:01:08](#) health services that are not documented are not covered. A provider must maintain a medical record on each recipient which discloses the extent of services furnished. Each page of the record must name or otherwise identify the recipient and each entry in the record must be signed and dated by the individual providing the care. If care is provided by one individual who is working under the supervision of another who is a participating provider, the supervising individual must countersign each entry. If the care is provided in an institution by one of its employees, the entry need not be countersigned unless the institutional provider is responsible for monitoring the provision of such health care. The individual's medical record must include the following additional items as applicable:

- Diagnoses, assessments, or evaluations;
- Case history and results of examinations;
- Plan of treatment or patient care plan;
- Quantities and dosages of drugs prescribed or administered;
- Results of diagnostic tests and examinations;
- Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis;
- Copies of any consultation reports;
- Dates of hospitalization relating to the services provided; and
- A copy of the summary of surgical procedures billed to the medical services program.

### Sterilization Consent Form

The sterilization consent form must be maintained as part of the medical records.

## REIMBURSEMENT AND CLAIM INSTRUCTIONS

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### Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid if one or more of the following situations exist:

- The claim is an adjustment or void of a previously paid claim and is received within 3 months after the previously paid claim;
- The claim is received within 6 months after a retroactive initial eligibility determination was made as a result of an appeal;
- The claim is received within 3 months after a previously denied claim;
- The claim is received within 6 months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or
- To correct an error made by the department.

### **Third-Party Liability**

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. There are a few exceptions to this rule, such as services provided by Indian Health Services.

Providers must pursue the availability of third-party payment sources. Third-party liability (TPL) is the legal obligation of a third party to pay for all or part of a recipient's medical cost. Third-party payers include private health insurance, worker's compensation, disability insurance, and automobile insurance. Medicare is primary to South Dakota Medicaid and must be billed first. Any balance after Medicare payment should be billed to other TPL payers prior to billing Medicaid.

Providers should use the [Medicare Crossover billing instructions](#) if the recipient has Medicare coverage and the [Third-Party Liability billing instructions](#) for all other instances of third party liability.

### **Reimbursement**

The reimbursement methodology varies by provider type. Please refer to the provider manual for your provider type for additional information.

### **Claim Instructions**

The completed consent form must be attached to all sterilization claims submitted to South Dakota Medicaid. Billing instructions vary by provider type. Please refer to the provider manual section for your provider type for additional information.

## **REFERENCES**

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- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## **FREQUENTLY ASKED QUESTIONS**

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1. **Will South Dakota Medicaid still pay for a delivery if a sterilization submitted on the same claim is denied?**

Yes, resubmit the claim without the sterilization procedure if you do not have a valid consent form or the sterilization is otherwise not covered. If the sterilization was denied due to missing consent form and a valid consent form had been completed, resubmit the claim with the consent form.

**2. Is sterilization covered under retroactive Medicaid coverage for the date of service?**

Yes, if the coverage requirements of this chapter were satisfied including the informed consent requirements.

**3. Under what circumstances is there an exception to the 30-day informed consent requirement?**

In the event of premature delivery, the consent form must be signed by the individual to be sterilized at least 30 days prior to the expected delivery date and at least 72 hours prior to the sterilization. The date of the expected delivery must be written on the consent form. This exception does not apply to a scheduled delivery that occurs less than 30 days after the form was signed.

In the event the sterilization is performed during an emergency abdominal surgery the consent form must be signed by the individual to be sterilized at least 72 hours prior to sterilization. The physician must describe the surgery and explain the medical necessity of the emergency abdominal surgery.

**4. Is a sterilization covered for a woman eligible for under the Unborn Children Prenatal Care Program, aid category 79 coverage group?**

Sterilization is only covered as part of a bundle when billed with the global delivery codes. Standard coverage requirements apply.