

Sterilization Consent Form Guidelines

In accordance with Title 42 Code of Federal Regulations (CFR) 441, Subpart F, all sterilizations require a valid consent form. Consent forms can be downloaded from the Mass.gov website at: www.mass.gov/lists/masshealth-provider-forms-used-by-multiple-provider-types.

General Considerations

- Write legibly.
- Ensure accurate patient information is included.
- Ensure the patient's information sticker appears in the top right corner of the form, and does not cover any of the form's contents, including title and text.
- Give a copy to the patient and scan an additional copy into the patient's medical record.
- Non-signature fields may be "pre-stamped" or typed, provided that the field is completed before the member providing consent applies his or her signature.
- Please make sure to use the form corresponding to the member's age.
 - » If the member is aged 21 years or older on the date the member is signing the form, use form CS-21.
 - » If the member is between the ages of 18 and 20 on the date the member is signing the form, use form CS-18.
 - » Members younger than age 18 may not consent to sterilization.
- Neither form CS-21 nor CS-18 should be used for members undergoing a hysterectomy. For such members, please refer to form HI-1, HYSTERECTOMY INFORMATION FORM available at www.mass.gov/files/documents/2016/07/pz/hi-1.pdf
- Errors in the form may be corrected unless they appear in fields 7, 8, 12, 18, and/or 20.

- » If an error occurs in any of the fields listed in fields 7, 8, 12, 18, and/or 20, the form must be voided and a new consent form initiated.
- » To correct an error that appears in a field other than those listed in fields 7, 8, 12, 18, and/or 20, providers should strike through the error once on the original copy of the consent form and make the appropriate correction. The member providing consent must initial and date the correction.

General Requirements

- MassHealth covers sterilization only when the procedure complies with 42 CFR 441, subpart F, and all other applicable federal and state regulations and subregulatory guidance.
- The member must execute the consent form at least 30 calendar days before the date of the sterilization, unless either the "premature delivery" or "emergency abdominal surgery" exceptions apply.
 - » Under the "*premature delivery*" exception, an individual may consent to be sterilized at the time of a premature delivery, provided that:
 - * at least 72 hours have passed since the individual gave informed consent; and
 - * the individual provided informed consent at least 30 days prior to the individual's expected date of delivery (EDD).

- » Under the “*emergency abdominal surgery*” exception, an individual may consent to be sterilized at the time of an emergency abdominal surgery, including a medically indicated Cesarean section, if at least 72 hours have passed since the individual gave informed consent for the sterilization. Operative reports detailing the need for emergency surgery (including Cesarean section) are required.
- An executed consent form expires 180 calendar days from the date of the member’s signature. If the sterilization procedure is not performed within 180 calendar days of the member’s signature, the individual must execute a new consent form in a manner consistent with all applicable federal and state regulations and subregulatory guidance.
- MassHealth does not cover sterilizations performed on mentally incompetent or institutionalized members.
- A member may not provide informed consent while the member is:
 - » In labor or childbirth;
 - » Seeking to obtain or obtaining an abortion; or
 - » Under the influence of alcohol or other substances that affect the individual’s state of awareness.
- The person who obtains the informed consent must provide orally all the requirements for the informed consent as listed on the consent form, must offer to answer any questions the individual to be sterilized may have concerning the procedure, and must provide a copy of the consent form to the member to be sterilized.
- Suitable 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 has other special needs.
- An interpreter must be provided if the individual to be sterilized does not understand the language used on the consent form or the language used by the person obtaining consent.
- The individual to be sterilized must be permitted to have a witness of his or her choice present when consent is obtained.
- The person obtaining consent does not need to be the physician who will perform the sterilization.
- If a claim is denied for an error with the sterilization form, and the error can be corrected within the guidelines provided below, please resubmit the corrected claim within 90 days.

Consent to Sterilization Required Fields

After the provider has obtained the correct form based on the member's age (either CS-18 or CS-21), the provider should use the following information to correctly complete each of the fields within the consent form. Providers must complete all sections as required, with the following exceptions.

Exceptions:

- **Race and Ethnicity Designation** (field 9) is requested but not required.
- **Premature Delivery or Emergency Abdominal Surgery Exceptions** (field 17) is not required unless the physician performing sterilization has invoked those exemptions.
- **Interpreter's Statement** (fields 19 and 20) are not required if the individual to be sterilized understands the language used on the consent form and the language used by the person obtaining consent.

Field Explanations

Field 1 – Doctor or Clinic Providing Information About Sterilization

- If the provider is a physician group, all names may appear. Alternatively, the professional group or facility name may be listed.
- An individual identified in field 1 need not be the individual identified in fields 5 and 18 – as explained above, the individual obtaining consent need not be the physician that will perform the sterilization.

Field 2 – Type of Operation

- Enter the full name of the sterilization procedure – no abbreviations or initials.
- If the consenting individual is completing the Consent Form in a language other than English, the name of the procedure may be written in that language in addition to English.
- The information given in field 2 must match the name of procedure in the member's medical record.

Field 3 – Member's Date of Birth

- The month, day, and year of the member's birth must be clearly indicated and must match the member's date of birth as it appears on the claim submitted to MassHealth.
- The member must be at least 18 years of age at the time consent is obtained, as opposed to the date of the procedure (see note above on the use of age-appropriate forms).

Field 4 – Member's Name

- The member's name must be legible. The name may be typed.
- The name that appears on this form must match the name that appears on the claim submitted to MassHealth.

Field 5 – Doctor or Clinic Performing the Sterilization

- Enter the name of the doctor or clinic.
- The field may be pre-stamped or typed.

Field 6 – Type of Operation

- The operation described in field 6 must match the procedure described in field 2.

Field 7 – Member’s Signature

- All handwritten signatures must be legible or the name must be printed below the handwritten signature. Printed handwritten signatures are acceptable.
- Member and witness signatures must be handwritten in ink.
- A member may not use an electronic or digital signature, or a signature stamp.
- An “X” or a symbol/character is acceptable as long as 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; therefore, it should appear directly below the member signature field and be followed by the date of witness, which must match the member’s signature date.
- Corrections to this field are not allowed.

Field 8 – Date of Member’s Signature

- The date entered on this field must be the date on which the member signed the form.
- Backdating is not allowed.
- Corrections to this field are not allowed.

Field 9 – Race and Ethnic Designation (not required)

The completion of ethnic and race designation is encouraged, but not required.

Statement of Person Obtaining Consent

Field 10 – Member’s Name

- Same individual as field 4.

Field 11 – Type of Operation

- The information given in field 11 must match the information entered in fields 2 and 6.
- If completing the Consent Form in a language other than English, the name of the procedure may be written in that language in addition to English.

Field 12 – Signature of Person Obtaining Consent/Date of Signature of Person Obtaining Consent

- All handwritten signatures must be legible or the name must be printed below the handwritten signature.
- Printed handwritten signatures are acceptable.
- The person obtaining consent must provide a handwritten signature in ink – he or she may not use an electronic or digital signature, or a signature stamp.
- The person providing sterilization counseling and obtaining the consent may be, but is not required to be, the physician performing the procedure.
- The date of the signature of the person obtaining consent must match the date of the member’s signature (line 8)
- Corrections to the signature and date fields are not allowed. Backdating is not allowed.

Field 13 – Facility Name/Address

- Facility indicates the place where member was given sterilization counseling, and is not necessarily the facility where the procedure will be performed.
- The complete facility address is required including physical street address, city, state, and zip code.

Physician's Statement

Field 14 – Member's Name

- Same individual as Field 4.

Field 15 – Date of Sterilization

- The date of sterilization must match the date of service on the claim.
- Reimbursement is not allowed unless at least 30 days, but not more than 180 days, excluding the consent and surgery dates, have passed between the date of the written informed consent and the date of the sterilization, unless the premature delivery or emergency abdominal surgery exceptions apply. Those are described above.
- Field 17 must be completed when the physician is invoking the premature delivery or emergency abdominal surgery exceptions.

Field 16 – Type of Operation

- Enter the full name of the procedure.
- If completing the Consent Form in a language other than English, the name of the procedure may be written in that language in addition to English.
- The information given in field 16 must match the name of procedure in fields 2, 6, and 11, and on the claim submitted to MassHealth.

Field 17 – Premature Delivery or Emergency Abdominal Surgery Exceptions (when applicable; see General Requirements, page 1)

- A delivery is considered “premature” if it occurs prior to the individual’s expected date of delivery.

Field 18 – Physician Signature and Date

- Provider’s Signature: Initials may be used in the signature for the first and/or middle name only.
- Physician’s signature must be handwritten in ink.
- The physician may not use an electronic or digital signature, or a signature stamp.
- The physician must sign the form on or after the date the physician performed the sterilization.
- A nurse or other individual’s signature is not acceptable.
- Corrections to this field are not allowed.

Interpreter’s Statement (when applicable)

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.

Field 19 – Language

- Indicate the language in which the member was counseled.

Field 20 – Interpreter’s Signature and date

- If an interpreter was used, he/she must sign and date the form.
- Interpreter’s signature must be handwritten in ink.
- A signature stamp or computer generated (electronic) signature is not acceptable.
- Interpreter must enter the date on which the form was signed. This date must be the same as the date the patient signed.
- Corrections to this field are not allowed.



Commonwealth of Massachusetts • Executive Office of Health and Human Services
Sterilization Consent Form (Ages 21 and Older)

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.

Consent to Sterilization

I have asked for and received information about sterilization from #1 _____ (physician or clinic). When I first asked for the information, I was told that the decision to be sterilized was completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving federal funds, such as AFDC or MassHealth that I am now getting or for which I may become eligible.

I understand the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me that will allow me to bear or father a child in the future. I have rejected the alternatives and have chosen to be sterilized.

I understand that I will be sterilized by an operation known as #2 _____. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on #3 _____. I, #4 _____, hereby consent of my own free will to be sterilized by Dr. #5 _____, by a method #6 _____.

My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about this operation to: representatives of MassHealth or employees of programs or projects funded by MassHealth but only for determining if federal laws were observed.

I have received a copy of this form.

Signature: #7 _____ Date: #8 _____

Member ID: | | | | | | | | | | | | | | | | | | | | | |

You are requested to provide the following race and ethnicity information but it is not required. Check one block only. NOT REQUIRED

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black (not of Hispanic origin)
- Hispanic
- White (not of Hispanic origin)

Statement of Person Obtaining Consent

Before #10 _____ signed the consent form, I explained to him or her the nature of the sterilization operation, #11 _____; the fact that it is intended to be a final and irreversible procedure; and the discomforts, risks, and benefits associated

with it. I counseled the individual to be sterilized that alternative methods of birth control are available that are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that he or she may withdraw consent at any time and that he or she will not lose any health services or any benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He or she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature: #12 _____ Date: MUST MATCH #8
 Facility: #13 _____
 Address: #13 _____

Physician's Statement

Shortly before I performed a sterilization upon #14 _____ (name of member) on #15 _____ (date), I explained to him or her the nature of the sterilization operation known as #16 _____; the fact that it is intended to be a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available that are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that he or she may withdraw consent at any time and that he or she will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He or she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

Check the box or boxes below that apply.

- (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date sterilization was performed.
- (2) The 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:
 - a. Premature delivery. Expected date of delivery: #17 _____
 - b. Emergency abdominal surgery. Explain: #17 _____

Physician's Signature: #18 _____
 Date: #18 _____

Provider No.: | | | | | | | | | | | | | | | | | | | | | |

Interpreter's Statement

If an interpreter has assisted the individual considering sterilization, he or she must complete and sign the following statement.

I have translated the information and advice presented orally to the individual considering sterilization by the person obtaining consent. I have also read to him or her the consent form in the following language, #19 _____, and explained its contents to him or her. To the best of my knowledge and belief, she or he has understood this explanation.

Signature: #20 _____ Date: _____