

471-000-109 Form MMS-100 Sterilization Consent Form (Tubal Ligation and Vasectomy), and Completion Instructions

The appropriate form for billing Nebraska Medicaid can be found online here: <https://public-dhhs.ne.gov/Forms/Home.aspx>.

Use: Form MMS-100, "Consent Form," is required for Medicaid eligible clients prior to a sterilization procedure to show that:

1. The client has given informed and voluntary consent to the sterilization procedure.
2. The client was at least 21 years old and mentally competent at the time of the request.
3. Certain time requirements have been met before surgery is performed.

See 471 NAC 10 for hospitals or 471 NAC 18 for physicians for further information on sterilizations.

Number Prepared: One copy of Form MMS-1 00 is completed.

Completion: All blanks must be completed, with the exception of the interpreter's statement for English speaking clients and the race/ethnicity designation which is optional. The physician or clinic staff complete the form except where client completion or signature is indicated. In the interest of legibility, it is preferable that the form be typed except for areas requiring signatures.

I - Heading (Upper left corner of form)

Enter:

- the client's name
- the client's eleven-digit Medicaid ID number

II - Consent to Sterilization

Enter:

- the name of the doctor or clinic from whom the client received information about sterilization
- the specific name of the procedure to accomplish sterilization
- the client's birthdate (month, date and year)
- the legal name of the client
- the name of the physician authorized to perform the surgery
- the specific name of the sterilization procedure to be performed

The client should sign the signature blank and enter the date (month, day and year) signed. The signature date must be on or after the client's 21st birthday.

Race and ethnicity designation is optional.

For a client who cannot write her/his name, the client makes her/his mark in the presence of a witness. The witness' signature, designation as witness, and date witnessed are placed below the client's mark. When a client makes her/his mark, Section III: Interpreter's Statement must also be completed.

III - Interpreter's Statement

An interpreter must be provided for a non-English speaking client, for a client who is deaf or has any other impairment making it difficult to read the consent form, or when the client makes her/his mark rather than signing Section II. In these instances, Section III needs to be completed.

The interpreter enters:

- the language used to interpret the form
- signature and month, day, and year signed.

IV - Statement of Person Obtaining Consent

Enter:

- the name of the individual consenting to the sterilization
- the specific sterilization procedure to be performed
- the signature of the person obtaining the consent
- the date (month, day and year) signed by the person obtaining the consent. This date must be on or after the date of the client's signature in Section II.
- the name and address (street, city, state and zip) of the facility where the person obtaining the consent is employed.

V - Physician's Statement

This section must be completed following the sterilization. This is the only copy of the consent form sent to Health and Human Services (HHS) Finance and Support; no other claims submitted for this service can be paid until the consent is on file with the Department. Therefore, it will be extremely important to promptly sign and submit the consent form.

Enter:

- the name of the individual sterilized
- the date of the sterilization surgery
- the specific procedure performed

VI - Instructions for use of alternative final paragraphs:

One paragraph must be crossed out

If paragraph 2 is retained, check either -

- a. The box to indicate a premature delivery and indicate the expected date of delivery; or
- b. The box for emergency abdominal surgery and include a description of the circumstances.

The physician signs and dates the Physician's Statement on or after the date of the sterilization.

Distribution of Form MMS-100: The physician submits the form to Nebraska Medicaid per instructions on the form. It is not necessary to attach a consent form to any claims.

The information from the form will be entered into the Nebraska Medicaid computer file system as a reference for payment of all claims connected with the sterilization procedure. The physician performing the procedure must submit the signed consent in a timely fashion to prevent denial or delay in payment of other claims (e.g., anesthesia, hospital, and ambulatory surgery center) connected with this service.

Retention: The surgeon is advised to photocopy the form to keep for her/his records until all claims for the procedure have been paid or otherwise resolved. Nebraska Medicaid will retain a copy of MMS-1 00 for ten years.