

471-000-110 Form MMS-101, "Informed Consent for Hysterectomy", and Completion Instructions

Use: Form MMS-1 01, "Informed Consent for Hysterectomy," is used to show that the patient has been informed before a hysterectomy is performed that the procedure will result in permanent sterility. See 471 NAC 10-005.08 and 18-004.07 regarding hysterectomy coverage.

Number Prepared: One copy of Form MMS-101 is completed.

Completion:

Informed consent is required for all hysterectomies unless:

1. The patient is already sterile because of a previous surgery or menopause; or 2. The hysterectomy is required because of a life-threatening emergency situation.

When the patient is already sterile, the physician who performs the hysterectomy must certify in writing that the individual was already sterile before the hysterectomy and the cause of the sterility.

If the woman previously had a tubal ligation, the physician should indicate this in field 19 of the CMS-1500 or in the narrative field if filing electronically.

If the woman is post-menopausal, the physician performing the hysterectomy should indicate this in Field 19 of the CMS-1 500 or in the narrative field if filing electronically.

In the case of a life-threatening emergency, the physician performing the hysterectomy must certify in writing that the hysterectomy was performed in a life-threatening emergency situation in which s/he determined prior acknowledgment was not possible. The physician must also include a narrative description of the emergency.

The patient and a witness sign and date Form MMS-101. Although there are no time requirements that govern the signing of this form, Nebraska Medicaid recommends that Form MMS-101 be completed **before** surgery.

Distribution: One copy is given to the patient; the other copy is sent to Nebraska Medicaid as soon as it has been signed and witnessed. It will be the responsibility of the **surgeon performing the procedure** to submit the signed consent form (or the documentation required if the woman is already sterile or an emergency situation existed) to Nebraska Medicaid; no additional copies need to be submitted.

The information from the consent form or the narrative will be entered into the Nebraska Medicaid computer file system as a reference for payment of all claims associated with the hysterectomy. The physician performing the hysterectomy must submit this information in a timely fashion to prevent denial or delay in payment of other claims (e.g., anesthesia, hospital, pathology), 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 the information for ten years.

Informed Consent for Hysterectomy Nebraska Health and Human Services System



Prior to submitting to a hysterectomy, (surgical removal of my uterus), I have been informed that this surgical procedure will result in permanent sterility and I will be incapable of reproducing children.

Sign
Here

(Patient)

(Date)

(Patient's Medicaid I.D. Number)

Sign
Here

(Witness)

(Date)

One copy of this completed form must be submitted by the physician performing the hysterectomy to Nebraska Health and Human Services Finance and Support, c/o Hospital Claims Payment Unit, P.O. Box 95026, Lincoln, Nebraska 68509-5026. This form should be completed prior to surgery.

DISTRIBUTION: WHITE - Claim Form Copy; YELLOW - Client

