
PROVIDER BULLETIN

~ INFORMED CONSENT FOR STERILIZATION ~

Physicians are required to obtain an informed consent from the patient prior to performing a sterilization procedure. Human sterilization includes any medical treatment, procedure or operation performed for the purpose of rendering a person of either gender permanently incapable of reproducing. This definition includes therapeutic sterilization (i.e. one performed because the pregnancy would be life-threatening to the mother). This definition does not include procedures where sterilization is the unavoidable secondary result of another medically necessary procedure not intended to render the patient sterile. Hysterectomy is not a covered benefit, if performed for the sole purpose of sterilization.

Criteria for Requests for Sterilization Procedures

All requests for sterilization procedures must meet the following criteria:

1. The patient must be at least 21 years of age at the time the consent for sterilization is obtained.
2. The patient must not be mentally incompetent and must be able to understand the nature and content of the informed consent process.
3. The patient must not be institutionalized and must give voluntary consent, in accordance with regulations.
4. At least 30 days and no more than 180 days must have passed between the date the informed consent was signed and the date the sterilization procedure was performed. The one exception to this rule is when sterilization is performed at the time of an emergency abdominal surgery or premature delivery if:
 - a. The patient consented to sterilization at least 30 days prior to the intended date of sterilization or expected date of delivery, and
 - b. At least 72 hours have passed between the time that written informed consent was given and the time of emergency surgery or premature delivery.

Procedures for Informed Consent for Sterilization

1. The informed consent process must be conducted by a physician, mid-level practitioner (NP/PA) or RN-designee. **Before obtaining the consent, the patient must be given a copy of the sterilization booklet published by the Department of Health Care Services and a copy of the consent form.** The physician or physician's staff member who goes over the informed consent form with the member also provides the patient with a copy of the consent form and the booklet on sterilization published by the Department of Health Services. A copy of the sterilization booklet and consent form may be found at the link at the end of this bulletin.
2. All of the following will be orally explained to the patient:

- a. The patient is free to withhold or withdraw consent at any time before the sterilization without affecting the right to future care or treatment and without the loss of withdrawal of any federally funded program benefits to which the patient is otherwise entitled.
 - b. A full description of available alternative methods of family planning and birth control.
 - c. Advice that the sterilization procedure is considered to be irreversible.
 - d. A thorough explanation of the specific sterilization procedure to be performed.
 - e. The benefits or advantages and risks that may be expected as a result of the sterilization.
 - f. Level of care and approximate length of stay.
 - g. Whether the procedure is established or new.
 - h. Time limit requirement of the consent.
 - i. The name of the physician performing the procedure.
3. Appropriate arrangements must be made to ensure that the required information is effectively communicated to any patient who is blind, deaf, or otherwise handicapped.
 4. Appropriate arrangements must be made for an interpreter if the language used on the consent form or during the oral explanation cannot be understood by the patient. The patient should be offered free interpreter services prior to beginning the consent process.
 5. The patient is given the opportunity to ask any questions about any of the information given during the informed consent process
 6. Consent may not be obtained while the patient is:
 - a. Under the influence of alcohol or other substances that affect the patient's state of awareness.
 - b. In labor or within 24 hours postpartum or post abortion.
 - c. Seeking to obtain or obtaining an abortion.

Documentation of the Informed Consent for Sterilization

1. **The only acceptable sterilization consent form is the Department of Health Care Services consent form PM330.** Samples (English and Spanish) may be found at the link at the end of this bulletin, along with instructions for completing the form.
2. Before obtaining consent, the person who obtains consent must provide the individual to be sterilized with a copy of the booklet on sterilization provided by the Department of Health Care Services in English and Spanish.
3. The written consent form is to be completed only after the informed consent process described above has occurred. The patient must sign the form. If the patient is unable to sign his/her name, an "X" may be used, with the countersignature of a witness.
4. If an interpreter was used, the language in which the consent was obtained must be indicated, along with the interpreter's signature and date.
5. The person obtaining the informed consent must sign the form to certify that s/he has complied with all of the requirements in the Informed Consent for Sterilization policy and procedure.
6. The physician performing the sterilization must sign the form to certify that s/he has complied with all of the requirements.

7. Copies of the consent should be retained in the medical records maintained by the physician performing the procedure, the PCP, if different from the physician performing the procedure, and the facility where the procedure is being performed.
8. **A copy of the Sterilization Consent Form must be attached to the CMS 1500 when the claim is submitted. The claim will not be paid without this documentation.**
9. Additional Sterilization Consent Forms and information booklets in both English and Spanish are available for download and print on the DHCS web site.

Consent Form PM 330: Consent to Sterilization may be downloaded here:
https://files.medi-cal.ca.gov/pubsdoco/forms/PM-330_Eng-SP.pdf

An explanation of Consent Form PM 330 may be found here:
http://files.medi-cal.ca.gov/pubsdoco/forms/PM-330_example.pdf

Sterilization Booklets in English and Spanish may be downloaded here:
<http://www.familypact.org/Providers/client-education-materials>

or here:

<http://www.dhcs.ca.gov/Pages/PermanentBirthControl.aspx>

If you have any questions, please contact Provider Relations at 818-265-0800.

(818) 265-0800

Vazrik Abtekian (818) 416.6896

**Griselda Gudino x 230
Sherman Yermian, x 234
Veronica Valencia x 238**

**Maria Escamilla, x 240
Cecilia Wong x 227
Eileena Zepeda x 214**