

Clarification and Update to 'Changes to the Sterilization Consent Form, Instructions, and Denial Letter Effective April 26, 2019'

Information posted June 4, 2019

This is a clarification and update to the article titled "[Changes to the Sterilization Consent Form, Instructions, and Denial Letter Effective April 26, 2019](#)," that was published on this website on March 8, 2019.

The following information is the most current and required information for the Changes to the Sterilization Consent Form and Instructions: 838 Denial Letter, Denial needing corrections and Final Denial process.

Note: *This article applies to transactions submitted to TMHP for processing. For transactions processed by a Medicaid Managed Care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.*

These changes impact Texas Medicaid, the Healthy Texas Women's (HTW) program, and Family Planning Program providers.

Changes Effective April 26, 2019

Effective April 26, 2019, changes made to the Sterilization Consent Form, the Sterilization Consent Form 838 Denial Letter and process for denials needing corrections and final denials are as follows:

Sterilization Consent Form:

- A Texas Provider Identifier (TPI) is no longer required, but it is encouraged for processing

838 Denial Letter:

- A physician statement was added. Providers are able to attest to the correction or medical necessity with a physician signature on the 838 Denial Letter, if applicable.
- Medical and clinical documentation is no longer needed. Providers are required to keep this documentation on file in the client's medical records.
- Acceptable forms of documentation that verify the client's information include a copy of the client's valid Texas ID, driver's license, or a government issued ID.

Important: *Beginning April 26, 2019, consent forms that have not yet been approved will be processed according to changes outlined on "Changes to the Sterilization Consent Form and Instructions: 838 Denial Letter, Denial needing corrections and Final Denial process." If an 838 Denial Letter was sent before April 26, 2019, corrections will be accepted on the previous*

version of 838 Denial Letter. The provider will have three attempts to correct any deficiencies, if applicable.

Denials Needing Corrections and Final Denials

Denials Needing Corrections

The Sterilization Consent Form has been updated to identify required fields with an asterisk (*). Fields indicated with a double asterisk (**) are required only under certain conditions. Each field has been numbered for easier identification.

The following table applies for denials needing corrections:

Fields	Description	Documentation	Outcome
Consent to Sterilization Consent Section			
*Fields 5 and 6	Client's name and date of birth (DOB) is required. If either is missing, it will result in a denial.	Submit copy of Government issued ID	Denied pending corrections on 838 Denial Letter.
*Fields 3 and 7	Name of doctor or clinic in both fields are required. If missing in either field or is different, it will result in a denial.		Denied pending corrections on 838 Denial Letter.
*Fields 4 and 8	Name of procedure must be the same in all required spaces. If missing in either field or is different, it will result in a denial.		Denied pending corrections on 838 Denial Letter.
*Field 10	Client's date of signature is required. If missing, it will result in a denial.	Only year can be corrected	Denied pending corrections on 838 Denial Letter.
Interpreter's Statement			
Field 13	Language is missing. It will		Denied pending corrections on

	result in a denial.		838 Denial Letter.
**Field 14	Interpreter's Signature is missing. It will result in a denial.		Denied pending corrections on 838 Denial Letter.
**Field 15	Date of Signature if missing. It will result in a denial.		Denied pending corrections on 838 Denial Letter.

Important Interpreter's Statement Information:

The Interpreter's Statement of the Family Planning Sterilization Consent form must only be completed if a third-party's services were required to ensure the client understands the procedure in the client's primary language (other than English).

If the Interpreter's Statement of the Family Planning Sterilization Consent Form section is completed in error fields 14 and 15, providers will be able to make corrections on the 838 Denial Letter. Providers will have the option of checking one of the boxes below on the 838 letter.

- I completed this section in error. I did not require an interpreter's services. (*Documentation not required*)
- An interpreter's services were required and provided on (mm/dd/yyyy):____.
(Please submit documentation that specifies the name of the third party who was employed to interpret in the client's primary language [other than English]).

Statement of Person obtaining consent section:

*Field 16	Client's full name is required. If missing, it will result in a denial.	Submit copy of Government issued ID.	Denied pending corrections on 838 Denial Letter.
*Field 17	Name of procedure must be the same in all required fields. Must match fields 4, 8, and 24. If missing or different, it will result in a denial.		Denied pending corrections on 838 Denial Letter.
*Field 19	Date of signature		Denied pending

	is required and must match client's signature date. If incorrect, it will result in a denial.		corrections on 838 Denial Letter.
*Fields 20 and 21	Facility name and address is required. If either is missing, it will result in a denial.		Denied pending corrections on 838 Denial Letter.
Physician's Statement			
*Field 22	Client's name is required. If missing, it will result in a denial.		Denied pending corrections on 838 Denial Letter.
*Field 23	Date of Service (DOS) is required. If missing or incorrect, it will result in a denial.		Denied pending corrections on 838 Denial Letter.
*Field 24	Name of procedure is required. If it does not match Fields 4, 8, and 17, this will result in a denial.		Denied pending corrections on 838 Denial Letter. MD signature required.
*Field 25	1. At least 30 days have passed between the date of client's signature on the consent form and the date the sterilization was performed. If at least 30 days have not passed between the date of the client's signature on the consent form and the date the sterilization was		Denied pending corrections on 838 Denial Letter. MD signature required.

	<p>performed, this will result in denial.</p> <p>2. The sterilization was performed less than 30 days but more than 72 hours after the date of the client's signature on the consent form. If the sterilization was performed less than 30 days but more than 72 hours after the date of the client's signature on the consent form, this will result in denial.</p>		
*Field 26	<p>If number 2 applies on field number 25, check the applicable box (a or b) and fill in the information. If missing, it will result in a denial.</p>		<p>Denied pending corrections on 838 Denial Letter. MD signature required for 26b.</p>
Field 28	<p>Date of signature is required and must be on or after the date of service. If missing, this will result in a denial.</p>		<p>Denied pending corrections on 838 Denial Letter.</p>
Field 30	<p>NPI is required on the bottom portion of the form. If missing, it will result in a denial.</p>		<p>Denied pending corrections on 838 Denial Letter.</p>

Final Denials

The following table applies for final denials:

Fields	Description	Documentation	Outcome
Consent to Sterilization Form			
*Fields 3 and 7	Name of doctor or clinic in both fields are required. If from either field, this will result in a final denial.		Final Denial Letter
*Fields 4 and 8	Name of procedure must be the same in all required spaces. If missing from both fields, this will result in a final denial.		Final Denial Letter
*Field 9	Client's signature is required and must be original. If missing, it will result in a final denial.		Final Denial Letter
*Field 10	Client's date of signature is required. If missing, it will result in a final denial.		Final Denial Letter
Statement of Person Obtaining Consent section:			
**Field 18	Signature of person obtaining consent is required. If missing, it will result in a final denial.		Final Denial Letter
**Field 19	Date of signature is required and		Final Denial Letter

	must match client's signature date. If missing, it will result in a final denial.		
Physician's Statement			
*Field 27	Original doctor's (MD) signature is required. If missing, this will result in a final denial.		Final Denial Letter
*Field 28	Date of signature is required. If missing, this will result in a final denial.		Final Denial Letter

Fields Required for Processing

The fields listed in the following table will be required to process the consent form and notify the provider if deficiencies are found and corrections are necessary:

Fields	Description	Documentation	Outcome
Field 29	TPI		Recommended to process
*Field 30	NPI		Denied pending corrections on 838 Denial Letter
Field 31	Taxonomy		
Field 32	Provider/Clinic Phone:		
*Field 33	Provider/Clinic Fax:		Denied pending corrections on 838 Denial Letter
Field 34	Benefit Code		

30. NPI: If this field is missing or invalid, the consent form cannot be processed. This field must be corrected on the 838 Denial Letter.

33. Provider/Clinic Fax Number: If this field is missing or invalid, the provider will not receive notice if the consent form is denied or requires additional information.

Review and Approval

Each submitted consent form will be reviewed and approved or denied as follows:

- Denied pending correction
- Final denial

Approved

Providers can submit the claim for consideration of reimbursement.

The provider will not receive notice of an approval. All consent forms will be processed within three business days. If the provider has not received a faxed 838 Denial Letter by the fifth business day after submission, the provider can submit the claim for consideration of reimbursement.

Denied Pending Corrections

If information is missing, invalid, or illegible on the submitted consent form, providers will receive an 838 Denial Letter as notification of the deficiencies found with the consent form. For required fields, providers will have up to three opportunities to make the necessary corrections to the form using the space provided on the 838 Denial Letter.

Important – Corrections: Providers must use the space indicated in the 838 Denial Letter to submit corrections to TMHP. Providers must not resubmit a corrected Sterilization Consent Form. Only the first submission of the form received by TMHP will be retained; resubmissions of the Sterilization Consent Form will not be considered.

Important – Fax Number: If the Provider/Clinic Fax Number (field #33) is missing from the Sterilization Consent Form or is invalid, the provider will not receive notification of a denied consent form.

Additional Related Information:

If the provider does not receive notice of a denied consent form, and the claim is denied for no consent form:

1. The provider can call the TMHP Contact Center at 1-800-925-9126 for information about the denied claim and the consent form.
2. The TMHP Contact Center will fax the Sterilization Consent Form: Request for Fax Number form to the provider.

3. The provider must complete the Sterilization Consent Form: Request for Fax Number form with the appropriate fax number, and fax the document to the TMHP Family Planning Unit at (512) 514-4229.
4. An 838 Denial Letter will be faxed to the provider with information of each deficiency that requires correction. Upon receipt of the Denial Letter, the provider can take action as necessary and complete the consent form approval process before appealing the claim for consideration of reimbursement. As a reminder, claims must meet all filing deadlines to be considered for reimbursement

Additional Final Denial

The submitted consent form will receive a final denial for the following reasons:

- The provider has exhausted three attempts to correct all missing, invalid, or illegible information on the consent form.
- The information provided does not meet requirements.
- The client was not over 21 years of age when consent was signed.
- Consent has expired: The Date of service is more than 180 days from client's signature date.
- The Sterilization Consent Form submitted is the wrong version. Providers must use the current version of the consent form as posted to the TMHP website at www.tmhp.com.
- One or more signatures or dates of signature is missing or does not meet requirements. All applicable signatures and dates must be on the consent form upon submission and must be original, handwritten, and unaltered.

Note: *If the consent form has received a final denial, corrections will not be considered by TMHP, and all related claims will be denied.*

Refer to: The *Texas Medicaid Provider Procedures Manual, Volume 1, Section 7.3, "Appeals to HHSC Texas Medicaid Fee-for-Service,"* for additional information about appeals options.

Important: *The Sterilization Consent Form is fillable. The information can be typed into the form electronically. This form cannot be electronically signed or dated. After the required fields have been completed, the form must be printed, signed, and dated by all necessary parties. Only handwritten wet signatures and signature dates are accepted.*

Providers can continue to use the previous version (Revised Date May 31, 2018/Effective Date September 1, 2016) of the Sterilization Consent Form until October 23, 2019. Beginning October 24, 2019, providers must use only the new version of the form (Revised Date November 9, 2018/Effective date April 26, 2019). All previous versions of the form will receive a final denial.

For more information, call the TMHP Contact Center at 1-800-925-9126
(select Option 2 and then Option 3).