Executive Office of Health & Human Services | 3 West Road-Virks Building | Cranston, RI 02920

RI EOHHS MEDICAID POLICY

Subject:	Requirements for Payment for Sterilization Services		
Applicability:	Medicaid		
Issue Date:	**Effective Date:**	**Transmittal #:**	**Supersedes #:**
August 19, 2025	August 19, 2025	25-02	N/A

Background

Federal regulations at 42 CFR 441 Subpart F describe the conditions under which state Medicaid programs may make payments for sterilization services.

This guidance is intended to provide clarification regarding Rhode Island's implementation of these requirements.

Scope

This policy applies to Rhode Island Medicaid's payment for sterilization service for any Medicaid beneficiary.

Statement of Policy or Procedure

Payment of elective sterilization is NOT made if the beneficiary meets any of the following criteria:

1. Under 21 years of age at the time the consent form is signed.
2. Has been declared mentally incompetent for the purpose of sterilization (beneficiaries are presumed to be mentally competent unless adjudicated incompetent for the purpose of sterilization).
3. Is institutionalized in a correctional facility, mental hospital or other rehabilitative facility
4. Gave consent in labor or childbirth, under the influence of alcohol or other drugs, or while seeking or obtaining an abortion.
5. A valid consent form is missing.

Consent Form Requirements

The consent form may be submitted by a physician (i.e., surgeon who performed the procedure), hospital, or anesthesiologist. Hospitals may submit a copy of the consent form; however, surgeons are encouraged to submit the original if possible.

To be valid, the consent form must meet these requirements:

- Typewritten, blocked or facsimile stamped signatures are NOT acceptable for signature requirements.
- All blanks should be completed unless otherwise specified, and must be readable.

- All state-required and federally-required fields must be completed: (Fields 1-8, 11-16, 18). If required fields are left blank, the consent form is not valid.
- Any optional field may be left blank: (Fields 9-10, 17) unless indicated as applicable and identified below.
- An interpreter must be provided if the consent form is not written in the language of the individual to be sterilized or the person obtaining consent does not speak the language of the individual. If an interpreter is used, the "Interpreter's Statement" must be completed and signed and dated on or after the date the Consent to Sterilization and Statement of Person Obtaining Consent were signed and dated.
- The "Statement of the Person Obtaining Consent" must be completed by the person who explains the surgery and its implications, alternate methods of birth control, and the fact that the consent may be withdrawn at any time. The signature of the person obtaining consent must be completed at the time the consent is obtained. This must be an original signature, NOT a rubber stamp.
- The physician or the person obtaining consent must allow a witness of the recipient's choice (if desired) when the consent is signed and/or arrangements must be made for handicapped individuals.
- The "Physician's Statement" must be completed. The physician must indicate that 30 days or 72 hours have passed between consent and surgery by crossing out paragraph #1 or #2 as indicated on the consent form.
- The "Physician's Statement" must be signed and dated on or after the day of surgery in all circumstances. This must be an original signature, not a rubber stamp.
- When a sterilization is performed at the time of a premature delivery, the expected date of delivery must be recorded in Field 17. A delivery is considered "premature" if it occurs prior to the individual's expected date of delivery. The time of the recipient's consent must be at least 72 hours prior to the actual delivery and 30 days prior to the expected date of delivery.
- When a sterilization is performed at the time of emergency abdominal surgery, the circumstances must be described in the appropriate area in Field 17. The time of the recipient's consent must be at least 72 hours prior to the surgery and 30 days prior to the expected date of delivery. An emergency C-Section is not considered emergency abdominal surgery without documentation of emergency circumstances. If additional space is required, documentation may be attached to the consent form.
- The physician must review the consent form with the recipient shortly before the surgery.

- The actual sterilization procedure performed must be identical to that for which the recipient gave informed, written consent. Each reference to the sterilization procedure on the consent form and the claim form must be identical.
- The consent form is valid for 180 days from the date of the recipient's signature.

Click on the link to download the Sterilization Consent Form - English
Click on the link to download the Sterilization Consent Form - Spanish