

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**

**SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 1. PHYSICIANS**

317:30-5-18. ~~Elective sterilizations~~ Sterilizations

(a) Elective Sterilizations

~~(a)~~(1) Payment is made to hospitals for elective sterilizations performed ~~in~~on behalf of eligible individuals if all of the following circumstances are met:

~~(+)~~(A) The patient must be at least 21 years of age at the time the consent form is signed,

~~(2)~~(B) The patient must be mentally competent,

~~(3)~~(C) A properly completed Federally mandated consent for sterilization form is attached to the claim, and

~~(4)~~(D) The form is signed by the patient at least 30 days, but not more than 180 days prior to the surgery.

~~(b)~~(2) When a sterilization procedure is performed in conjunction with a C-section, it is considered multiple surgery and a consent form for the sterilization is required.

~~(c)~~(3) Reversal of sterilization procedures for the purposes of conception are not covered. Reversal of sterilization procedures may be covered when medically necessary and substantiating documentation is attached to the claim.

(b) Non-elective sterilizations

(1) Surgical procedures performed for medically necessary reasons other than elective sterilization, but which result in sterilization do not require the OHCA sterilization consent form and accompanying 30-day minimum wait period when one of the following circumstances are met:

(A) A properly completed acknowledgement is attached to the claim form. The acknowledgement must clearly state that the patient or their representative was informed, orally, and in writing prior to the surgery that they would be rendered permanently incapable of reproduction.

(B) The surgeon must certify in writing that the patient was sterile prior to the surgery. The reason for sterility, i.e. chemotherapy, radiation, etc. must be given.

(C) The surgeon must certify that the surgery was performed in an emergency, life endangering situation. The life endangering circumstances must be given.

(2) The acknowledgement for surgical procedures performed for medically necessary reasons other than elective sterilization may be signed by the patient and dated after the surgery as long as the acknowledgement meets all other requirements including being advised orally and in writing that they would be rendered sterile as a result of the surgery.

PART 3. HOSPITALS

317:30-5-51. ~~Elective sterilizations~~ Sterilizations

(a) Elective Sterilizations

~~(a)~~(1) Payment is made to hospitals for elective sterilizations performed ~~in~~on behalf of eligible individuals if all of the following circumstances are met:

- ~~(1)~~(A) The patient must be at least 21 years of age at the time the consent form is signed,
- ~~(2)~~(B) The patient must be mentally competent,
- ~~(3)~~(C) A properly completed Federally mandated consent for sterilization form is attached to the claim, and
- ~~(4)~~(D) The form is signed by the patient at least 30 days, but not more than 180 days prior to the surgery.

~~(b)~~(2) When a sterilization procedure is performed in conjunction with a C-section, it is considered multiple surgery and a consent form for the sterilization is required.

~~(e)~~(3) Reversal of sterilization procedures for the purposes of conception are not covered. Reversal of sterilization procedures may be covered when medically necessary and substantiating documentation is attached to the claim.

(b) Non-elective sterilizations

(1) Surgical procedures performed for medically necessary reasons other than elective sterilization, but which result in sterilization do not require the OHCA sterilization consent form and accompanying 30-day minimum wait period when one of the following circumstances are met:

(A) A properly completed acknowledgement is attached to the claim form. The acknowledgment must clearly state that the patient or their representative was informed, orally, and in writing prior to the surgery that they would be rendered permanently incapable of reproduction.

(B) The surgeon must certify in writing that the patient was sterile prior to the surgery. The reason for sterility, i.e. chemotherapy, radiation, etc. must be given.

(C) The surgeon must certify that the surgery was performed in an emergency, life endangering situation. The life endangering circumstances must be given.

(2) The acknowledgement for surgical procedures performed for medically necessary reasons other than elective sterilization may be signed by the patient and dated after the surgery as long as the acknowledgment meets all other requirements including being advised orally and in writing that they would be rendered sterile as a result of the surgery.