



# PM-330 Sterilization Consent Form

## Tips & Reminders for Successful Billing

**Name of procedure.** Fields 2, 6, 13 and 20 require the name of the procedure. The name of the procedure must be present and must be **consistent** throughout the form and **must** match name of procedure on the claim.

**Patient's name.** Fields 4, 7, 12 and 18 require the name of the patient to be consistent throughout the form.

**Tip:** Use the name as reflected on the BIC or the name used when determining Family PACT eligibility.

**Field 21 and 22 (Alternative Final Paragraphs).** The paragraph that does not apply **must be crossed out** (an 'X' through the paragraph that does not apply is required).

(21) Paragraph one. **Do not** cross off paragraph one if the minimum waiting period of 30 days has been met.

(22) Paragraph two. **Do not** cross off paragraph two if the minimum waiting period of 30 days **has not** been met.

**Physician's signature.** Field 27 requires full signature of the Physician who has verified consent and who actually performed the operation.

**Date.** Field 28 must be present (month/day/year). Date must be on or after the sterilization date.

**Note:** These instructions must be followed **exactly** or the *Consent Form* will be returned and reimbursement delayed.

A completed PM 330 *Sterilization Consent Form* must accompany all claims directly related to the sterilization surgery. This requirement extends to all providers, attending physicians, surgeons, assistant surgeons, anesthesiologists and facilities.

The above tips are being provided to assist in the prevention of common RAD code denials:

**105** – This service requires a valid sterilization consent form.

**115** – Sterilization Consent Form is incomplete. A letter has been sent that indicates needed correction.

**Provider Manual Reference – Part 2: Sterilization section**