

**Medicaid Program**  
**Acknowledgment of Receipt of Hysterectomy Information Instructions**

- Beneficiary's Name:** Enter the beneficiary's name.
- Beneficiary's ID:** Enter the beneficiary's 13-digit Medicaid subscriber ID.
- Physician Name:** Enter the full first and last name of the physician obtaining the consent.
- Provider NPI:** Enter the NPI belonging to the physician listed above who obtained the consent.
- Signature of Beneficiary & Date:** The hysterectomy consent form must be signed and dated by the beneficiary on or before the date of the hysterectomy.
- Signature of Representative, (if any) & Date:** A representative signature is needed on the hysterectomy consent when the beneficiary meets one of the following criteria:  
Situational
- beneficiary is unable to sign her name and must indicate "x" on the signature line; or
  - There is a diagnosis on the claim that indicates mental incapacity.

**Medicaid Program  
Acknowledgment of Receipt of Hysterectomy Information**

**Beneficiary's Name:** \_\_\_\_\_  
**Beneficiary's ID:** \_\_\_\_\_  
**Physician Name:** \_\_\_\_\_  
**Provider NPI:** \_\_\_\_\_

Payment by Louisiana's **Medicaid Program cannot** be authorized for **any** hysterectomy performed **solely** for the purpose of rendering an individual permanently incapable of reproducing or where, if there is more than one purpose for the procedure, the hysterectomy **would not** be performed except for the purpose of rendering the individual permanently incapable of reproducing.

Medicaid payment for a medically indicated hysterectomy can be authorized **only** if:

- (1) the individual and her representative\*, if any, are informed orally and in writing that the hysterectomy will render her permanently incapable of reproducing; **and**,
- (2) the individual and her representative\* if any, have signed a written acknowledgment of receipt of that information. The written acknowledgment must be signed and dated prior to the operation and **must** be attached to the claim form when it is submitted for payment.

\* A representative is that person who has the legal authority to act for an individual. For purposes of this acknowledgment, a representative shall be defined as either the curator of an interdicted woman or the tutor or parent of an unmarried minor. A minor emancipated by marriage is deemed capable of acting for herself in the matter.

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I hereby acknowledge that I have been informed orally and in writing that a hysterectomy (surgical removal of the uterus) will render a woman permanently incapable of bearing children.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative, if any

\_\_\_\_\_  
Date