

APPENDIX 10

BHSF Form 96A
Revised 05/06

Medicaid Program
Acknowledgment of Receipt of Hysterectomy Information

Recipient Name: _____

MEDS Person No.: _____

Physician Name: _____

Provider No.: _____

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.

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 Recipient

Date

Signature of Representative, if any

Date