



# Sterilization Process and FAQ for Providers

## Molina Healthcare of Utah/Medicaid/CHIP

### Sterilization forms from Utah Medicaid:

- Hysterectomy Acknowledgment Form
- 499-A Consent for Sterilization Form

### Sterilization form from Molina Healthcare:

- FAX cover sheet for Sterilization or Hysterectomy

### Q&A's:

#### ***Why is Molina Healthcare asking for these forms?***

Molina follows all State Medicaid guidelines. In the State Provider manual, per Title 42 Code of Federal Regulations, all sterilizations require a valid consent form. All required fields must be completed for timely processing.

Please use the most current forms found on the Utah Medicaid Forms website: <http://health.utah.gov/medicaid/provhtml/forms.htm>

Select appropriate form from the Forms drop down box:

- Hysterectomy Acknowledgment Form
- Sterilization Consent

#### ***Does Molina Healthcare require Providers to submit the fax cover sheet with the required forms?***

Yes, Molina Healthcare requires providers to submit the FAX cover sheet with the appropriate form in order to identify the claim connected to the consent form to be processed for payment.

#### ***Where do I send the FAX cover sheet and attached Sterilization forms for processing?***

Please fax the FAX cover sheet and a copy of the 499-A Consent for Sterilization form/or the Hysterectomy Acknowledgment form with any supporting documentation to:

FAX# 877-682-2218  
Attn: Provider Disputes

### New FAX cover sheet



Fax cover sheet for:

**Hysterectomy Acknowledgment Form/**

**499-A Consent for Sterilization Form**

***Molina Healthcare of Utah/ Medicaid/CHIP***

Provider information:

Provider Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address (this is the address a response would be sent to):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim number (if services has been billed) \_\_\_\_\_

DOS \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Hysterectomy Acknowledgment form attached \_\_\_\_\_

499-A Consent form attached \_\_\_\_\_

**Additional information: Please fax a copy of the 499-A Consent/ Hysterectomy Acknowledgement Form attached with any supporting documentation to:**

**877-682-2218 Attn: Provider Disputes**