



# MONTANA HEALTHCARE PROGRAMS NOTICE

**January 23, 2020**

**Physician, Mid-Level, Outpatient Hospital, CAH, Public Health Clinic, and Ambulatory Surgical Center Providers**

**Effective Immediately**

## Consent for Sterilization Form

**Effective Immediately**, discontinue using Consent for Sterilization Form MA-38 *revision 08/98*. Montana Healthcare Programs will honor claims valid for 180 days after the member has signed this form.

Montana Healthcare Programs will **ONLY** accept the following Consent for Sterilization Forms:

- Consent for Sterilization HHS 687 06/2019
- Consent for Sterilization MA-38 11/2016

[These forms can be found on the forms page of the provider website at https://medicaidprovider.mt.gov/forms.](https://medicaidprovider.mt.gov/forms)

## Contact Information

Hospital Program Officer, (406) 444-4834

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)