Network Notification

Notice Date: March 5, 2020
To: Ohio Providers
From: CareSource
Subject: Ohio Reproductive Health Services ODM Guidelines

Summary
The purpose of this communication is to remind providers of Ohio Department of Medicaid (ODM) changes that impact Medicaid Providers of Professional Outpatient and Institutional Reproductive Health Services and associated claim submission requirements.

Effective April 1, 2018, Medicaid providers must submit ODM 03199 “Acknowledgement of Hysterectomy Information” and U.S. Department of Health and Human Services Form HHS-687 “Consent for Sterilization” to clarify what documentation must be submitted prior to receiving payment for performing a hysterectomy or sterilization procedure in accordance with Ohio Administrative Code rule 5160-21-02.2, “Medicaid covered reproductive health services: permanent contraception/sterilization and hysterectomy.”

Guidelines have also been developed for completing form ODM 03197, “Abortion Certification Form,” to clarify what documentation must be submitted before Medicaid providers can receive payment for performing an abortion procedure in accordance with Ohio Administrative Code rule 5160-17-01, “Abortions.”

ODM Forms:
Revised forms and guidelines are available on the Medicaid Forms Listing page of the ODM website at www.medicaid.ohio.gov > Resources > Publications > Medicaid Forms.

ODM Medicaid Advisory Letter (MAL) No. 612

ODM Instructions for completing ODM 03199 Acknowledgement of Hysterectomy Information

ODM Acknowledgment of Hysterectomy Information

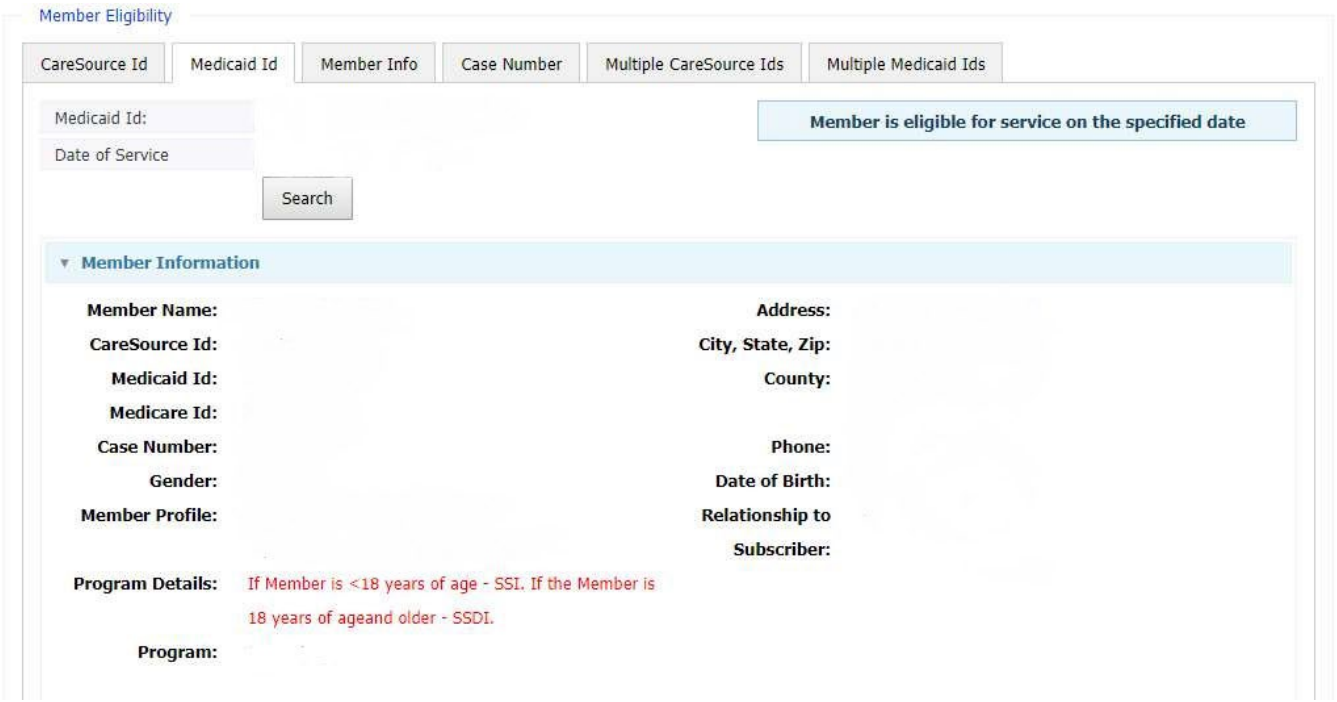
ODM Instructions for completing HHS-687 Consent for Sterilization

ODM Consent for Sterilization

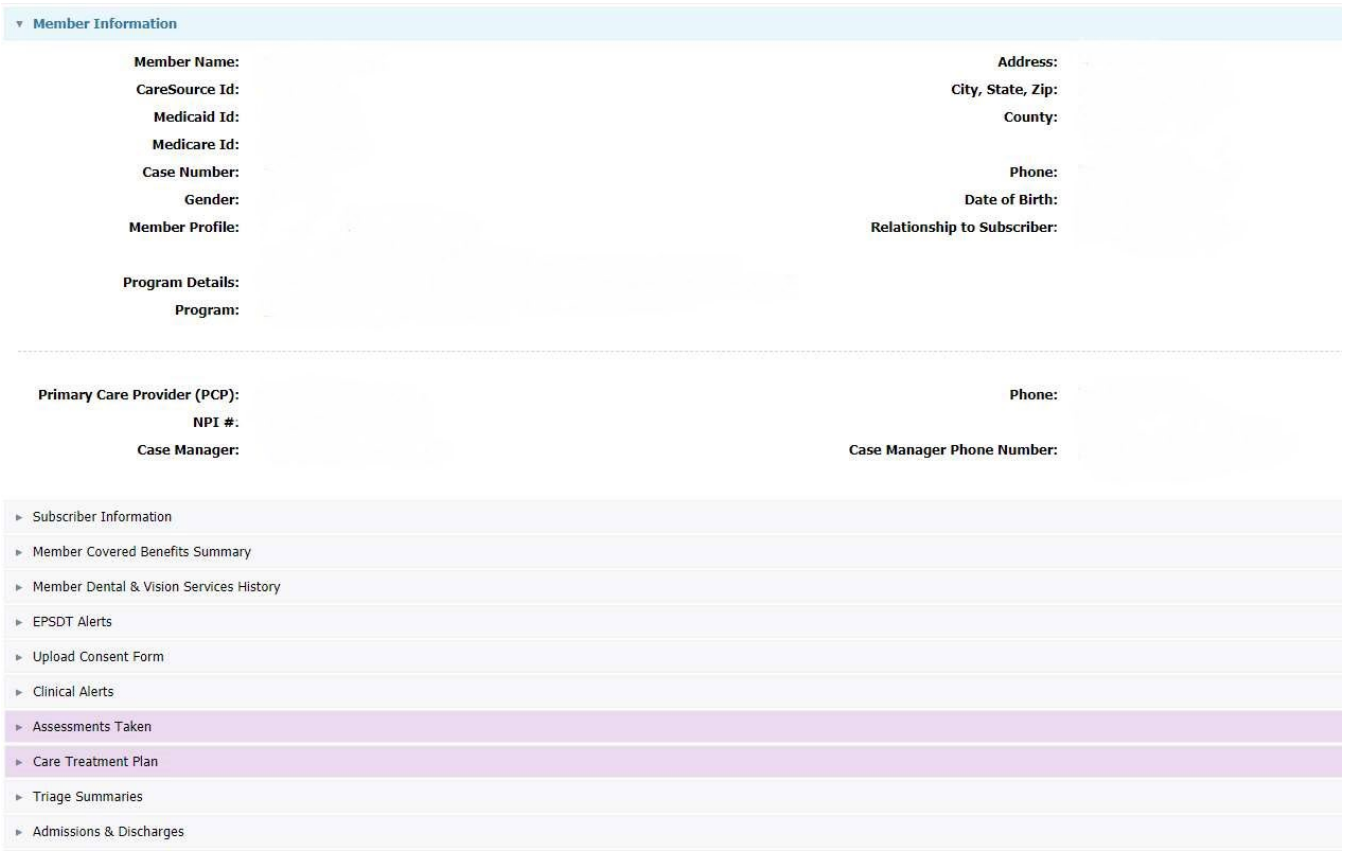
ODM Instructions for completing ODM 0397 Abortion Certification Form

ODM Abortion Certification Form

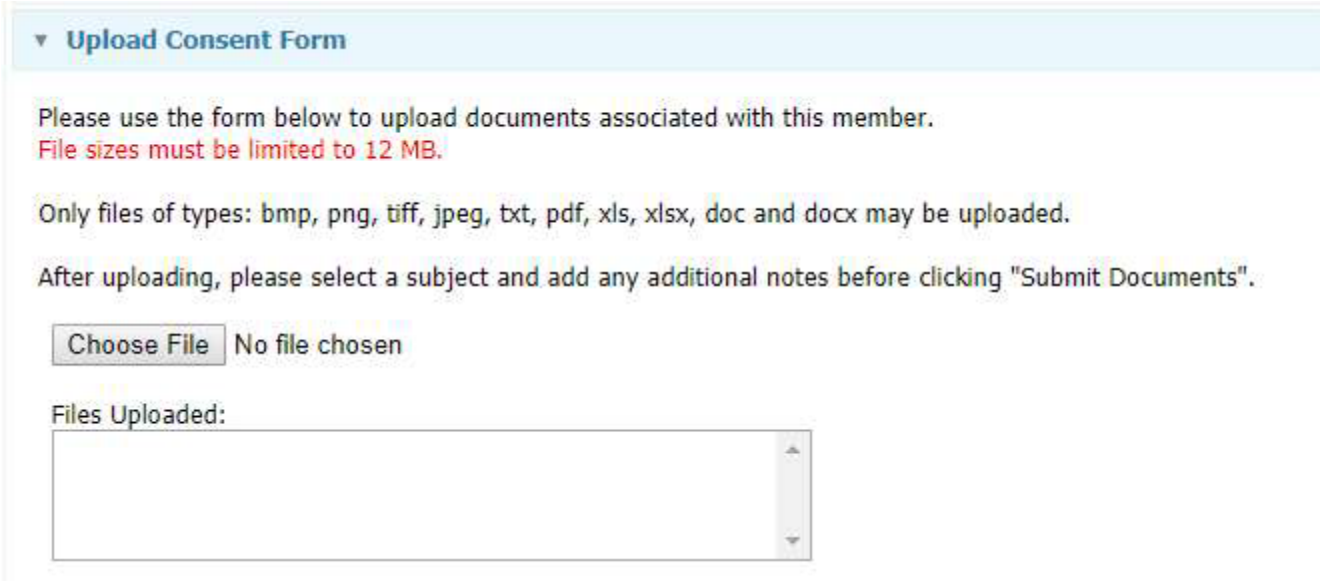
To access the option to upload a consent form, a provider should first complete an eligibility check for the member for a particular date of service.



Upon validation that the member is eligible for the selected date of service, the provider should select the option to **Upload the Consent Form** listed in the **Member Information** section.



In the **Upload Consent Form** area, the provider should browse, select, and upload the consent form for the member. The file size is limited to 12MB.



After uploading the consent form for the member, the provider must select a **Procedure Type**:

- Abortion
- Hysterectomy
- Sterilization

The provider can add the associated **Claim Number**, if available, but this is not required.

After submitting the consent form, CareSource staff will be able to process the appropriate claim by matching it up with the consent for the date of service provided.

For questions about the consent form, please contact CareSource Provider Services at **1-800-488-0134**.

Impact
Providers should follow ODM guidelines for submitting allowable services and required documentation to prevent claims denial.

Importance
Claims may be denied if appropriate documentation guidelines are not followed.

Questions?
If you have questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m.).

OH-SP-0263