

consent on the approved Consent for Sterilization form. All questions must be answered and all topics in the consent form discussed. A witness of the patient's choice may be present during the consent interview.

7. The Consent for Sterilization form is not required if the individual was already sterile before the procedure or if the individual required sterilization because of a life threatening emergency situation in which the physician determined that prior acknowledgment was not possible. In these circumstances, a physician statement is required. The statement must indicate the cause of the sterility or the diagnosis and description of the nature of the emergency. **Please note: medical records may not be substituted for the physician statement.**
8. Although hospitals are not required to submit a sterilization consent form with their claim, payment will be recouped if no such documentation is present in Select Health's records or if the documentation is inaccurate. Hospital providers will be notified in writing and given 30 days to submit the consent form before a recoupment is made.

■ Telemedicine Services

First Choice covers telemedicine services for providers who are currently enrolled with the South Carolina Healthy Connections Medicaid program and bill for telemedicine and telepsychiatry when the service is within the scope of their practice. The communication system must be HIPAA compliant.

Covered services include consultation, office visits, individual psychotherapy, pharmacologic management and psychiatric diagnostic interview examinations and testing, delivered via a telecommunication system. Only a licensed physician and/or nurse practitioner may provide telepsychiatry services. For more information on submitting claims for telemedicine services, consult the Claims Filing Manual located on the Select Health website.

■ Therapeutic and Non-elective Abortion

THERAPEUTIC ABORTIONS

Therapeutic abortions and services associated with the abortion procedure are covered only when the

physician has found, and certified in writing, that on the basis of his or her professional judgment, the pregnancy is a result of rape or incest or the woman suffers from a physical disorder, physical injury or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

Therapeutic abortions must be documented with a completed Abortion Statement Form (see Exhibit section), which will satisfy federal and state regulations.

The following guidelines are to be used in reporting therapeutic abortions:

1. ONLY diagnosis codes in the 635 (ICD-9) or O04, O07 (ICD-10) range should be used to report therapeutic abortions.
2. Abortions that are reported with diagnosis and procedure codes for therapeutic abortions must be accompanied by complete medical records that substantiate life endangerment to the mother or that the pregnancy is the result of rape or incest and the signed abortion statement.
3. Therapeutic abortion is NOT considered family planning, and is covered only under certain circumstances.
4. The abortion statement must contain the name and address of the patient, the reason for the abortion and the physician's signature and date. The patient's certification statement is only required in cases of rape or incest.
5. Prior authorization is required, clinical documentation, a copy of the completed abortion statement and a copy of the police report, if applicable, must be submitted to Select Health's Medical Affairs department prior to performing the procedure.

NON-ELECTIVE ABORTIONS

All non-elective abortions including spontaneous, missed, incomplete, septic, hydatidiform mole, etc., require only that the medical record show such a diagnosis. If unable to determine whether the patient was in the process of an abortion from the hospital records, Select Health will ask the hospital to obtain additional physician office or clinic notes and/or ultrasound reports. Medical procedures necessary to care for a patient with ectopic pregnancy are compensable services.