



## Payment Policy

**Subject: Just4Me – Abortion - Archived 3/31/2021**

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### ***Policy***

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CareSource will cover abortions for eligible CareSource members under strict federal guidelines, which require that the life of the mother would be endangered if the fetus were carried to term, or if the mother was a victim of rape or incest. Abortions are not covered if used for family planning purposes.

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### ***Definitions***

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42 C.F.R. § 441.201, Title 42 - Public Health defines the standards under which abortion procedures can be performed for federally funded health care.

A “**therapeutic abortion**” is the termination of a pregnancy where fetal heart tones are present at the time of the abortive procedure. The termination of a pregnancy may be induced medically (prostaglandin suppositories, etc.) or surgically (dilation and curettage, etc.). This includes the delivery of a non-viable (incapable of living outside the uterus) but live fetus, if labor was augmented by pitocin drip, laminaria suppository, etc. (from *ncdhhs.gov*)

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### ***Provider Reimbursement Guidelines***

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#### **Prior Authorization**

Prior authorization is required for the administration of an abortion procedure to validate medical necessity per federal regulations. The consent form must be submitted with the request for authorization.

#### **Reimbursement**

Reimbursement is available for abortions only when the abortion is required to be covered under federal law subject to limitations and restrictions set out in 42 CFR Subpart C Sec.50.301, 50.302, 50.303, 50.304, 50.306, 42 CFR 441.200 Sec 441.200, 441.201, 441.202, 441.203, 441.206, 441.207, 441.208, 405 . All appropriate documentation must be attached to the claim and to claims for directly related services before CareSource can reimburse for any claim.

CareSource will reimburse for drugs or devices to prevent implantation of the fertilized ovum, and for medical procedures for the termination of an ectopic pregnancy. The requirements stated below do not apply to those abortions that are treatments for incomplete, missed, or septic abortions.

Reimbursement for abortion services, other than those identified above, is restricted to the following circumstances when the appropriate certification is made:

- Instances in which 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, as certified by a

physician, place the woman in danger of death unless an abortion is performed; or

- Instances in which the pregnancy was the result of an act of rape and the patient, the patient's legal guardian or the person who made the report to the law enforcement agency, certifies in writing that a report was filed, prior to the performance of the abortion, with a law enforcement agency having the requisite jurisdiction, unless the patient was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion; or
- Instances in which the pregnancy was the result of an act of incest and the patient, the patient's legal guardian or the person who made the report certifies in writing that a report was filed, prior to the performance of the abortion, with either a law enforcement agency having the requisite jurisdiction, or, in the case of a minor, with a county children services, unless the patient was physically unable to comply with the reporting requirement and that fact is certified by the physician performing the abortion.

### **Certification**

Before reimbursement for an abortion can be made, the physician performing the abortion must certify that one of the three circumstances outline above has occurred. The certification must be made on the appropriate state-specific certification form. All certifications must contain the name and address of the patient. The certification form must be properly executed and submitted to CareSource, including appropriate signatures. Claims for payment will be denied if the required consent is not attached or if incomplete or inaccurate documentation is submitted.

Reimbursement will not be made for associated services such as anesthesia, laboratory tests, or hospital services if the abortion service itself cannot be reimbursed.

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### ***Related Policies & References***

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42 C.F.R. [Code of Federal Regulations] 441, Subpart E or Subpart F  
OAC Chapter 5160-17 Abortions

907 KAR 1:054. Primary care center and federally-qualified health center services

KRS [Kentucky Revised Statutes] 205.010(3), 205.510(5), and 212.275(3)

National Coalition ("NC") Division of Medical Assistance - Medicaid and Health Choice - Clinical Coverage Policy No.: 1E-2 - Therapeutic and Non-therapeutic Abortions (Revised Date: March 1, 2012)

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### ***Document Revision History***

**Date Archived**

03/31/2021

This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.