



MEDICAL POLICY STATEMENT GEORGIA MARKETPLACE

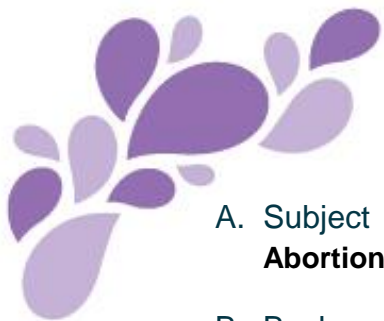
Policy Name	Policy Number	Date Effective
Abortion	MM-0916	07/01/2020
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. Subject
Abortion

B. Background

Abortion is **not** a covered benefit except in the case of a medical emergency.

C. Definitions

- **Abortion:** The use or prescription of any instrument, medicine, drug, or any other substance or device with the intent to terminate the pregnancy of a female known to be pregnant. The term "abortion" does not include the use or prescription of any instrument, medicine, drug, or any other substance or device employed solely to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead unborn child who died as the result of a spontaneous abortion. The term "abortion" does not include the prescription or use of contraceptives.
- **Medical emergency:** Any condition which, in reasonable medical judgment, complicates the medical condition of a pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial or irreversible impairment of a major bodily function of the pregnant woman or death of the unborn child. No such condition is to be deemed to exist if it is based on a diagnosis or claim of a mental or emotional condition of the pregnant woman or that the pregnant woman will purposefully engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function.

D. Policy

This policy is written to conform with the Official Code of Georgia.

- I. Abortion is **NOT** a covered benefit except in the case of a medical emergency.
- II. Prior authorization (PA) is not required for medical emergencies.
- III. Claim submitted must include medical documentation that supports that the abortion is a medical emergency.
- IV. Reimbursement will not be made for associated services such as anesthesia, laboratory tests, or hospital services if the abortion service itself is not a medical emergency.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Georgia Marketplace approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual Georgia Marketplace fee schedule for appropriate codes.



This CareSource Management Group Proprietary policy is not a guarantee of payment. Payments may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

F. Related Polices/Rules

G. Review/Revision History

	DATE	ACTION
Date Issued	01/01/2020	
Date Revised	04/01/2020	Clarified when to submit medical documentation; removed PA and consent
Date Effective	07/01/2020	
Date Archived	09/11/2020	

H. References

1. American College of Obstetricians and Gynecologists (2014). Retrieved on August 15, 2019 from <https://www.acog.org>
2. Centers for Medicare and Medicaid (n.d.). 33-24-28.2. Newborns' and Mothers' Health Protection Act. Retrieved August 15, 2019 from <https://www.cms.gov>
3. Official Code of Georgia. § 33-24-59.17. *Coverage of certain abortions through certain qualified health plans prohibited; definitions.* (n.d.). Retrieved November 22, 2019, from <https://advance.lexis.com>
4. Official Code of Georgia. § 31-9A-2 *Definitions.* (n.d.) Retrieved November 22, 2019, from <https://advance.lexis.com>

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.