



**MEDICAL POLICY STATEMENT  
INDIANA MARKETPLACE**

Policy Name	Policy Number	Date Effective
Abortion	MM-0914	05/01/2020
Policy Type		
<b>MEDICAL</b>	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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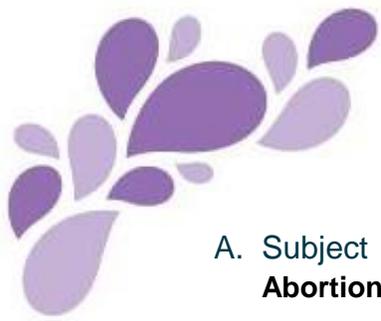
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A. Subject  
**Abortion**

B. Background

Abortion is **not** a covered benefit except for the exceptions listed within this policy.

C. Definitions

- **Abortion:** the termination of human pregnancy with an intention other than to produce a live birth or to remove a dead fetus.

D. Policy

- I. This policy is written to conform to the Indiana Code.
- II. Prior authorization is required for the abortion to validate medical necessity per state regulations. The consent form must be submitted with the request for authorization.
  - A. The consent form submitted with the request for prior authorization must be: “Abortion Informed Consent Certification”, State Form 55320 (R/8-16). Indiana State Department of Health – IC 16-34-2-1.1(a).
- III. Abortion is not a covered benefit, except in the following cases:
  - A. The pregnant woman became pregnant as a result of rape or incest.
  - B. An abortion is necessary to avert the pregnant woman's death or a substantial and irreversible impairment of a major bodily function of the pregnant woman.
- IV. Reimbursement will not be made for associated services such as anesthesia, laboratory tests, or hospital services if the abortion service itself cannot be reimbursed.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Indiana Marketplace approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Indiana 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 Policies/Rules

N/A



G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	01/30/2020	
<b>Date Revised</b>		
<b>Date Effective</b>	05/01/2020	New policy
<b>Date Archived</b>	03/01/2021	

H. References

1. Indiana General Assembly. (2019). Indiana Code 2019. Retrieved 12/13/19 from <http://iga.in.gov/legislative/laws/2019/ic/titles/027#27-8-33-4>.
2. Indiana General Assembly. (2019). Indiana Code 2019. Retrieved 12/13/19 from <http://iga.in.gov/legislative/laws/2019/ic/titles/027#27-8-13.4-2>.

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