



MEDICAL POLICY STATEMENT KENTUCKY MARKETPLACE

Policy Name	Policy Number	Date Effective
Abortion	MM-0915	03/01/2021-12/31/2021
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

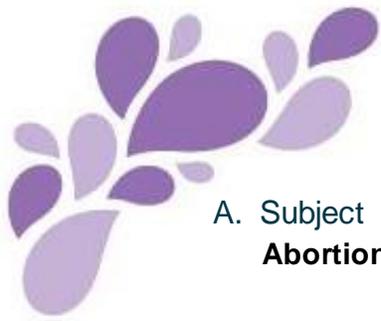
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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy

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A. Subject
Abortion

B. Background

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

C. Definitions

- **Consent** - As used in KRS 311.710 to 311.820 with reference to those who must give their consent, means an informed consent expressed by a written agreement to submit to an abortion on a written form of consent to be promulgated by the secretary for health and family services.

D. Policy

- I. Abortion is not a covered benefit except when necessary for the preservation of life of the pregnant woman.
 - A. Elective abortions, which are abortions for any reason other than to preserve the life of the female upon whom the abortion is performed, are not a covered benefit.
- II. Prior authorization (PA) is required.
 - A. Medical documentation provided supports that the abortion is to preserve the life of the pregnant woman.
 - B. Evidence of informed consent is included in the PA
- III. Reimbursement is not made for associated services such as anesthesia, laboratory tests, or hospital services when the abortion service itself is not approved.

E. Conditions of Coverage
NA

F. Related Policies/Rules

G. Review/Revision History

	DATE	ACTION
Date Issued	01/30/2020	New Policy
Date Revised	12/16/2020	Annual review; added elective abortion definition in D.
Date Effective	03/01/2021	
Date Archived	12/31/2021	This Policy is no longer active and has been archived.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



H. References

1. Kentucky Administrative Regulation. (2017, January 9). Section 311.727 *Requirement for performance and explanation of obstetric ultrasound and auscultation of fetal heartbeat prior to abortion -- Exception for medical emergency or necessity*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov
2. Kentucky Revised Statute. (2017, June 29). Section 311.720 *Definitions for KRS 311.710 to 311.820*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov
3. Kentucky Revised State. (2016, July 14). Section 311.724 - *Informed consent given in "individual, private setting"*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov
4. Kentucky Revised Statute. (2019, June 27). Section 311.725 - *Requirement of voluntary and informed written consent for abortion - Cabinet's duty to produce and make available informational materials - Abortions in medical emergencies*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov
5. Kentucky Revised Statute. (2019, July 1). Section 311.728 - *Physician must be physically present with patient to perform or induce abortion - Use of telehealth prohibited*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov
6. Kentucky Revised Statute. (2005, June 20). Section 311.732 - *Performance of abortion upon a minor - Definitions - Consent requirement - Petition in District or Circuit Court - Medical emergencies*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov
7. Kentucky Revised Statute. (1984, July 13). 304.5-160 *Health insurance and health care contracts not to cover elective abortions except by optional rider*. Retrieved December 2, 2020 from www.apps.legislature.ky.gov

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