



MEDICAL POLICY STATEMENT OHIO MARKETPLACE

| Policy Name | Policy Number | Date Effective |
|----------------|----------------|----------------|
| Abortion | MM-0928 | 05/01/2020 |
| 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

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

C. Definitions

- **Nontherapeutic Abortion** - means an abortion that is performed or induced when the life of the mother would NOT be endangered if the fetus were carried to term or when the pregnancy of the mother was NOT the result of rape or incest reported to a law enforcement agency. ORC 9.04
- **Therapeutic Abortion** - means an abortion performed to save the life or health of a mother, or as a result of incest or rape reported to a law enforcement agency.

D. Policy

This policy is written to conform with the Ohio Revised Code.

- I. Nontherapeutic Abortions will not be covered.
- II. Prior authorization is required for all therapeutic abortions 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:
 1. Ohio Department of Medicaid "Abortion Certification Form". OAC 5160-17-01
- III. Abortion is only considered a covered benefit in the following circumstances:
 - A. The pregnant woman became pregnant as a result of rape or incest that has been reported to a law enforcement agency.
 - 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. No qualified health plan shall provide coverage for a nontherapeutic abortion.
- V. Reimbursement will not be made for associated services such as anesthesia, laboratory tests, or hospital services if the abortion service itself is not approved through the PA process.



E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Centers for Medicare and Medicaid (CMS) approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the CMS 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 |
|-----------------------|------------|------------|
| Date Issued | 1/30/2020 | New policy |
| Date Revised | | |
| Date Effective | 05/01/2020 | |
| Date Archived | 04/01/2021 | |

H. References

1. State funds for nontherapeutic abortion benefits. Ohio Revised Code. ORC 9.04 A-1. (09/29/2011) Retrieved on December 19, 2019 from www.orc.gov
2. No coverage for nontherapeutic abortion. Ohio Revised Code. ORC. 3901.87 A-B-1. (03/22/2012) Retrieved on December 19, 2019, from www.orc.gov

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