



MEDICAL POLICY STATEMENT OHIO MARKETPLACE

Policy Name		Policy Number	Date Effective
Abortion		MM-0928	02/01/2022-08/31/2022
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

Medical Policy Statement prepared by CareSource and its affiliates 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 CareSource and its affiliates 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.

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
CareSource covers medically necessary therapeutic abortions.

C. Definitions

- **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

- I. 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.

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

E. Conditions of Coverage
NA

F. Related Policies/Rules
Evidence of Coverage And Health Insurance Contract CareSource Ohio, Inc.

G. Review/Revision History

	DATE	ACTION
Date Issued	01/30/2020	New policy
Date Revised	12/16/2020, 09/29/2021	Updated definitions, D. and E. Reviewed references, reviewed policy
Date Effective	02/01/2022	
Date Archived	08/31/2022	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. State funds for nontherapeutic abortion benefits. Ohio Revised Code. ORC 9.04. (2011, September 29) Retrieved on 09/08/2021 from www.orc.gov
2. No coverage for nontherapeutic abortion. Ohio Revised Code. ORC. 3901.87. (2012, March 22) Retrieved on 09/08/2021
3. Ohio Department of Medicaid. (2017, August). ODM 03197 Abortion Certification form. Retrieved 09/08/20/2021 from www.medicaid.ohio.gov

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

Archived