



MEDICAL POLICY STATEMENT WEST VIRGINIA MARKETPLACE

Policy Name	Policy Number	Date Effective
Abortion	MM-0918	01/01/2022-08/31/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

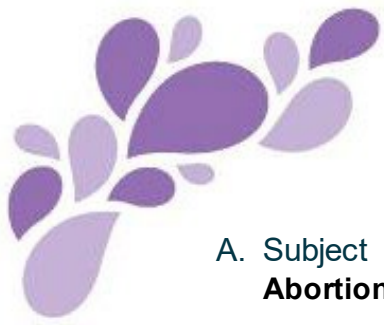
Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. 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 will cover abortions for eligible CareSource members in accordance with this policy.

C. Definitions

- **Emergency medical condition** - Means a medical condition that manifests itself by signs and symptoms of sufficient severity or acuity, including severe pain, such that a prudent layperson would reasonably have cause to believe constitutes a condition that the absence of immediate medical attention could reasonably be expected to result in:
 - serious impairment to bodily functions, or
 - serious dysfunction of any bodily organ or part; or
 - in the case of a pregnant woman who is having contractions:
 - A situation in which there is inadequate time to affect a safe transfer to another hospital before delivery; or
 - A situation in which transfer may pose a threat to the health or safety of the woman or the unborn child.

D. Policy

This policy is written to conform to the Hyde Amendment.

- I. All abortions require an authorization.
 - A. Non-emergent abortions require a prior authorization
 1. Must include evidence of informed consent of the female in compliance with WV Code section 16-21-2.
 - B. Emergency abortions require a retro authorization
 1. A retro authorization needs to be requested with supporting medical documentation based on the definition. Retro authorization timelines apply.
- II. An abortion is not a covered benefit except in the case of:
 - A. A woman who suffers from a physical disorder, physical injury or physical illness including life-endangering physical condition caused by or arising from the pregnancy itself, that would; or as certified by a physician, place the woman in danger of death unless an abortion is performed; or
 - B. A pregnancy that was a result of rape or incest.
- 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 Polices/Rules

Evidence of Coverage and Health Insurance Contract West Virginia

G. Review/Revision History

DATE		ACTION
Date Issued	02/01/2020	
Date Revised	12/16/2020 09/29/2021	Updated language to match the Hyde Amendment, reviewed references and policy
Date Effective	01/01/2022	
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. Saliganicoff, A, Sobel, L, and Ramaswamy A. (2020, January 24). *The Hyde Amendment and Coverage for Abortion services*. Retrieved 09/08/2021 from www.kff.org
2. Saliganicoff, A, Sobel, L, and Ramaswamy A. (2019, June 24). *Coverage for Abortion Services in Medicaid, Marketplace Plans and Private Plans*. Retrieved 09/08/2021 from www.kff.org
3. West Virginia Code. (n.d.). §33-25A-8d. *Coverage of emergency services*. Retrieved 09/08/2021 from www.code.wvlegislature.gov
4. West Virginia Code (n.d.) §16-2I-2. *Informed consent*. Retrieved 09/08/2021 from www.code.wvlegislature.gov

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