

# Termination of Pregnancy

Reimbursement Policy ID: RPC.0105.SCDS

Recent review date: 10/2024

Next review date: 10/2025

*First Choice VIP Care reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. First Choice VIP Care may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses coverage of abortions, pursuant to relevant state and federal law, and state Medicaid and Centers for Medicare and Medicaid Services (CMS) guidelines.

## Exceptions

Provision of abortion procedures for the treatment of spontaneous abortions/miscarriages, or for incomplete, missed, or septic abortions are considered to be medically necessary. Please see definitions.

## Reimbursement Guidelines

Abortion procedures may be eligible for reimbursement by First Choice VIP Care under the circumstances set out in this policy, and in accordance with applicable law and regulatory requirements.

First Choice VIP Care will reimburse for eligible abortion procedures if the member has provided written informed consent and the provider performing the procedure certifies that:

- The pregnancy is a result of rape or incest; and/or

- The pregnancy would endanger the mother's life

Except in the performance of abortion in the treatment of an emergency medical condition, the provider is required to obtain prior authorization. First Choice VIP Care may require the submission of forms certifying and/or consenting to the termination of the pregnancy as part of the prior authorization process.

Please refer to state manuals and plan guidelines for forms and/or prior auth requirements.

## Definitions

### **Abortion, incomplete**

Incomplete abortion, (also called missed or silent miscarriage) is one where the fetus has died or not developed but has not been physically miscarried.

### **Abortion, missed**

Missed abortion occurs when a pregnancy stops developing, the embryo/fetus/embryonic tissue or empty gestation sac remains in the uterus and the cervical os is closed.

### **Abortion, septic**

Septic abortion is a serious uterine infection during or shortly before or after a spontaneous or an induced abortion. Septic abortions usually result from use of nonsterile techniques for uterine evacuation after induced or spontaneous abortion.

### **Abortion spontaneous/miscarriage**

Spontaneous abortion/miscarriage occurs when a natural cause ends the pregnancy before 20 weeks.

### **Abortion, threatened**

Threatened abortion is vaginal bleeding and uterine cramping without cervical dilation in an otherwise viable pregnancy before 20 weeks of gestation.

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (*ICD-10*).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. CMS Fee Schedule(s).
- VII. Code of Federal Regulations (CFR) Subpart E- Abortions §441.200- §441.208

## Attachments

N/A

## Associated Policies

N/A

## Policy History

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| 10/2024 | Reimbursement Policy Committee Approval  |
| 04/2024 | Revised preamble   |
| 08/2023 | Removal of policy implemented by First Choice VIP Care from Policy History section   |
| 01/2023 | Template Revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul> |