



## Reimbursement Policy

### Subject: Abortion (Termination of Pregnancy)

Effective Date:

**07/13/20**

Committee Approval Obtained:

**07/13/20**

Section: **Surgery**

\*\*\*\*\*The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

### Policy

Amerigroup allows reimbursement of induced abortions unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

	<p>Induced abortions are allowed only when the written voluntary and informed consent has been obtained from the woman upon whom the abortion is to be performed and the provider performing the procedure certifies:</p> <ul style="list-style-type: none"> <li>• The pregnancy is the result of an act of rape or incest.</li> <li>• The woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.</li> </ul> <p>Reimbursement is based on the applicable fee schedule or contracted/negotiated rate when the state-approved Certification of Medical Necessity abortion form and documentation is properly executed and submitted with the provider’s claim.</p> <p>Informed consent is not needed for the treatment of incomplete, missed or septic abortions. These procedures are not considered induced or elective abortions and are allowed under the criteria of medical necessity.</p>
<p><b>Exemptions</b></p>	<ul style="list-style-type: none"> <li>• Modifier G7 is required with the appropriate procedure code when requesting reimbursement for induced abortion procedures for: <ul style="list-style-type: none"> <li>○ Amerigroup Texas, Inc. and Amerigroup Insurance Company.</li> </ul> </li> <li>• Amerigroup Community Care in Maryland in accordance with the Department of Health does not allow reimbursement for abortions.</li> <li>• Amerigroup Community Care in New Jersey does not allow reimbursement for elective abortions.</li> <li>• Dell Children’s Health Plan is not responsible for abortion services. <b>Note:</b> Texas Medicaid &amp; Healthcare Partnership (TMHP) reimburses for abortions.</li> <li>• Amerigroup Washington, Inc. does not allow reimbursement for induced abortions.</li> </ul>
<p><b>History</b></p>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective 07/13/20: Policy language updated; definition section updated to add the word “elective” in addition to induced for abortion definition</li> <li>• Biennial review approved: Maryland and Texas exemptions updated; Policy template updated <ul style="list-style-type: none"> <li>○ Effective 08/03/18: New Jersey</li> <li>○ Effective 04/15/19: Washington exemption added</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Approved 9/15/16 and effective 12/01/16: Dell Children’s Health Plan exemption added</li> <li>• Biennial review approved 06/06/16</li> <li>• Biennial review approved 04/14/14: Disclaimer updated</li> <li>• Biennial review update approved 07/18/11 and effective 07/08/09: Accountability language updated and Maryland exemption added</li> <li>• Update due to regulatory directive: <ul style="list-style-type: none"> <li>○ 09/30/10 to add New Mexico exemption; Background section/policy template updated</li> </ul> </li> <li>• Update approved 11/13/09: Tennessee exemption for rules and requirements in separate policy removed — Tennessee rules and requirements in accord with this policy</li> <li>• Review approved and effective 07/08/09: Benefit coverage and authorization information removed, requirement for informational Modifier G7 removed; Maryland/New Jersey/Texas Children’s Health Insurance Program/Virginia benefit coverage exemptions removed, New York exemption clarified with reference to free/direct access, authorization and Modifier G7 removed; medical criteria references removed</li> <li>• Review approved 12/14/07: New York exemption added</li> <li>• Initial approval and effective date 08/16/06</li> </ul>
<p><b>References and Research Materials</b></p>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• Amerigroup state contracts</li> <li>• Code of Federal Regulations (CFR) Subpart E — Abortions §441.200 to §441.208</li> </ul>
<p><b>Definitions</b></p>	<ul style="list-style-type: none"> <li>• <b>Abortion, induced/elective:</b> one resulting from measures taken to intentionally end a pregnancy, using medications (medical abortion) or instrumentation (surgery)</li> <li>• <b>Abortion, incomplete:</b> part of the product of conception has been retained in the uterus</li> <li>• <b>Abortion, missed:</b> a dead, nonviable fetus and other products of conception are retained in the uterus for two or more months</li> <li>• <b>Abortion, septic:</b> there is an infection of the product of conception and the endometrial lining of the uterus usually resulting from attempted interference during early pregnancy</li> <li>• <b>Abortion, spontaneous/miscarriage:</b> occurs when a natural cause ends a pregnancy prior to 20 weeks</li> <li>• <b>Abortion, threatened:</b> the appearance of signs and symptoms of possible loss of embryo</li> </ul>

	<ul style="list-style-type: none"><li>• <b>Stillborn:</b> occurs when a natural cause ends a pregnancy after 20 weeks</li><li>• <b>Termination of pregnancy:</b> synonym for abortion</li><li>• <b>Reimbursement Policy Definitions</b></li></ul>
<b>Related Policies</b>	<ul style="list-style-type: none"><li>• None</li></ul>
<b>Related Materials</b>	<ul style="list-style-type: none"><li>• None</li></ul>