



		Reimbursement Policy
Subject: Abortion (Termination of Pregnancy)		
Effective Date: 07/13/20	Committee Approval Obtained: 07/13/20	Section: Surgery
<p>*****The most current version of our 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/IA.*****</p> <p>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 Iowa, Inc. 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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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.</p> <p>Amerigroup reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	<p>Amerigroup allows reimbursement of induced abortions unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <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"> • The pregnancy is the result of an act of rape or incest. • 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. <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>
History	<ul style="list-style-type: none"> • 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 • Biennial review approved 06/06/16 • Initial policy approved 08/04/15 and effective 04/01/16
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup contract • Code of Federal Regulations (CFR) Subpart E — Abortions §441.200 to §441.208
Definitions	<ul style="list-style-type: none"> • Abortion, Induced/Elective: one resulting from measures taken to intentionally end a pregnancy, using medications (medical abortion) or instrumentation (surgery) • Abortion, Incomplete: part of the product of conception has been retained in the uterus • Abortion, Missed: a dead, nonviable fetus and other products of conception are retained in the uterus for two or more months • Abortion, Septic: there is an infection of the product of conception and the endometrial lining of the uterus usually resulting from attempted interference during early pregnancy • Abortion, Spontaneous/Miscarriage: occurs when a natural cause ends a pregnancy prior to 20 weeks • Abortion, Threatened: the appearance of signs and symptoms of possible loss of embryo • Stillborn: occurs when a natural cause ends a pregnancy after 20 weeks • Termination of Pregnancy: synonym for abortion

	<ul style="list-style-type: none">• General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none">• None
Related Materials	<ul style="list-style-type: none">• None