



		<b>Reimbursement Policy</b>
<b>Subject: Abortion (Termination of Pregnancy)</b>		
Effective Date: <b>07/13/20</b>	Committee Approval Obtained: <b>07/13/20</b>	Section: <b>Surgery</b>
<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 <a href="https://providers.amerigroup.com/TX">https://providers.amerigroup.com/TX</a>.*****</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 STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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 STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP 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.</p>		
<b>Policy</b>	<p>Amerigroup STAR+PLUS MMP allows reimbursement of induced abortions unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Induced abortions are allowed when the provider performing the procedure certifies:</p>	

<https://providers.amerigroup.com/TX>

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

	<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>Modifier G7 is required with the appropriate procedure code when requesting reimbursement for induced abortion procedures.</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>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective <b>07/13/20</b>: Definition section updated to add the word “elective” in addition to induced for abortion definition</li> <li>• Biennial review approved <b>08/03/18</b>: Policy template updated</li> <li>• Initial approval <b>04/03/17</b> and effective <b>10/01/17</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Texas Health and Human Services Commission (HHSC)</li> <li>• Amerigroup STAR+PLUS MMP contract with HHSC</li> <li>• Code of Federal Regulations Subpart E — Abortions §441.200 to §441.208</li> </ul>
<b>Definitions</b>	<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> <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>General 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>