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<b>Reimbursement Policy</b>	
Subject: <b>Abortion (Termination of Pregnancy)</b>	
Policy Number: <b>G-06057</b>	Policy Section: <b>Surgery</b>
Last Approval Date: <b>11/04/2024</b>	Effective Date: <b>11/04/2024</b>

\*\*\*\* Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to [provider.amerigroup.com/GA](https://provider.amerigroup.com/GA).\*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

<https://provider.amerigroup.com/GA>

## Policy

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

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 the following:

- The pregnancy is the result of an act of rape or incest; or
- 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.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate when the state-approved *Certification of Medical Necessity* form and documentation is properly executed and submitted with the provider's claim.

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.

## Related Coding

Standard correct coding applies

## Policy History

11/04/2024	Review approved and effective: no changes
06/29/2022	Review approved and effective: no changes
07/13/2020	Review approved and effective: updated language; updated Definitions section to add the words induced/elective for abortion definition
08/03/2018	Review approved 08/03/2018 and effective 04/15/2019
09/15/2016	Review approved 09/15/2016 and effective 12/01/2016
06/16/2016	Review approved and effective
04/14/2014	Review approved: updated disclaimer
07/18/2011	Review approved 07/18/2011 and effective 07/08/2009: updated accountability language
11/13/2009	Review approved and effective: updated language
07/08/2009	Review approved and effective: removed benefit coverage and authorization information; removed requirement for informational modifier G7 (for example, does not affect reimbursement)
12/14/2007	Initial approval and effective

## References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- *Code of Federal Regulations (CFR)* Subpart E — Abortions §441.200 to §441.208

- State contract
- State Medicaid

<b>Definitions</b>	
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
General Reimbursement Policy Definitions	

<b>Related Policies and Materials</b>
None