



**EFFECTIVE DATE:** 10|01|1998  
**POLICY LAST UPDATED:** 06|18|2019

## OVERVIEW

This document describes the Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) policy for termination of pregnancy, including in instances of rape, incest, threat to the pregnant person’s life, and all other terminations.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Prior authorization is not required.

## POLICY STATEMENT

### Medicare Advantage Products

Effective for services furnished on or after October 1, 1998 termination of a pregnancy is covered in the following situations:

1. If the pregnancy is the result of an act of rape or incest; or
2. In the case where a pregnant person suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by, or arising from the pregnancy itself, that would, as certified by a physician, place the pregnant person in danger of death unless an abortion is performed.

Medical termination: The drug used is processed according to the member’s physician administered drug benefit, the office visit is processed according to the member’s office visit coverage benefit.

### Commercial Products

Most accounts and individual plans cover the termination of a pregnancy; **HOWEVER**, there are exceptions. Subscriber Agreements should be used to verify members’ specific coverage. For some individual or group plans the coverage is restricted to cases of rape, incest, or a life-threatening condition to the pregnant person.

Medical termination: The drug used is processed according to the member’s physician administered drug benefit, the office visit is processed according to the member’s office visit coverage benefit.

Termination of pregnancy does not require a PCP referral for the services to be covered at the maximum specialty care benefit in those plans that normally require a referral.

## COVERAGE

Benefits may vary between groups. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable maternity services, office visits and/or related contract exclusion benefits/coverage.

## BACKGROUND

Termination of pregnancy (also known as abortion) can be either surgical or medical. Surgical terminations may be carried out utilizing a dilatation and suction curettage procedure, a dilatation and evacuation procedure, labor induction, saline infusion, hysterotomy, or intact dilatation and extraction, and includes

multi-fetal reduction abortions. Medical terminations are accomplished with abortifacient medications such as Mifeprex (Mifepristone).

### **Special Information Pertaining to Mifeprex**

Mifeprex is an abortifacient, indicated for the medical termination of intrauterine pregnancy through 49 days from the first day of the patient's last menstrual period. Mifeprex blocks progesterone, a naturally produced hormone that prepares the lining of the uterus for a fertilized egg and helps maintain pregnancy. Mifeprex is used together with another medication called misoprostol.

Mifeprex and misoprostol are NOT available through retail pharmacies.

### **Emergency Contraception (EC)**

Also known as backup birth control and morning after pill, emergency contraception is not considered an abortifacient. EC is available at pharmacies under the brand names Plan B and Next Choice. See the Contraceptive Drugs and Devices Mandate policy for further information.

### **Dobbs vs. Jackson's Women Health Organization**

Due to the Supreme Court ruling in June 2022, the federal right to an abortion is no longer guaranteed. In Rhode Island and other New England states, abortions continue to be legal under state law. However, prohibitions are likely to be passed in a number of other states. Some BCBSRI plans may provide travel expenses if access to abortion is limited or not available in the member's state of residence. For questions about a specific plan, please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement, or check with Customer Service or your employer.

### **CODING**

Based on services provided.

### **Medicare Advantage Plans and Commercial Products**

#### **Modifier G7**

To ensure correct claims processing, Termination of Pregnancy (TOP) due to rape or incest, or a pregnancy certified by a physician as a life-threatening condition, must be filed with modifier G7 appended.

### **RELATED POLICIES**

Contraceptive Drugs and Devices Mandate

### **PUBLISHED**

Provider Update, February 2023

Provider Update, August, 2019

Provider Update, April 2018

Provider Update, March 2017

Provider Update, March 2016

Provider Update, July 2015

### **REFERENCES**

1. Mifeprex/(Mifepristone) Information:  
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm>
2. Abortion. (For Informational purposes only). Retrived on September 28, 2007 from the Medline Plus, US National Library of Medicine and the National Institutes of Health website:  
<http://www.nlm.nih.gov/medlineplus/ency/article/002912.htm>

3. TITLE 23. Health and Safety. CHAPTER 23-4.7. Informed Consent for Abortion. SECTION 23-4.7-1. Retrieved from RI General Assembly website:  
<http://www.rilin.state.ri.us/statutes/title23/23%2D4.7/23%2D4.7%2D1.htm>
4. Schaff, E., et.al. (2000). Vaginal Misoprostol Administered 1,2 Or 3 Days After Mifepristone for Early Medical Abortion. *Journal of American Medical Association*, October 18, 2000. Vol. 284, No. 15:1948-53. Retrieved on September 28, 2007 from JAMA website: <http://jama.ama-assn.org/cgi/reprint/284/15/1948?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=abortion&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

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