



EFFECTIVE DATE: 10|01|1998
POLICY LAST UPDATED: 04|21|2015

OVERVIEW

Termination of a pregnancy is defined as the elective elimination of a pregnancy. Termination of pregnancy is included in the Rhode Island Benchmark Plan that defines the Essential Health Benefits (EHB) for Rhode Island Qualified Health Plans (QHP). Federal mandates regarding EHBs supersede Rhode Island state mandates with regards to removing any annual and lifetime dollar limits.

MEDICAL CRITERIA

Criteria for each Subscriber Agreement/Member Certificate is very specific. For some groups the coverage is restricted to cases of rape, incest, or a life-threatening condition to the mother.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

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.

Most accounts cover the termination of a pregnancy; however there are exceptions (see below). Subscriber Agreements/Member Certificates should be used to verify member specific coverage. For some groups the coverage is restricted to cases of rape, incest, or a life-threatening condition to the mother.

COVERAGE

BlueCHiP for Medicare

Effective for services furnished on or after October 1, 1998, Medicare will cover the termination of a pregnancy 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 woman 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 woman in danger of death unless an abortion is performed.

Coverage is provided when the above stated conditions are met.

Commercial Products

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

Surgical termination of pregnancy is processed under the surgical benefit.

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.

BACKGROUND

Effective January 1, 2014, Qualified Health Plans (QHP) are required to cover Essential Health Benefits (EHB), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act. As groups renew in 2014, most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement for details).

Terminations (also known as abortions) are 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, is not considered an abortifacient. Emergency contraception is available at pharmacies under the brand names Plan B and Next Choice. See the Contraceptive Drugs and Devices Mandate policy for further information.

CODING

Based on services provided.

BlueCHiP for Medicare 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, needs to have modifier G7 appended.

RELATED POLICIES

Contraceptive Drugs and Devices Mandate

PUBLISHED

Provider Update, July 2015

Provider Update, November 2013

Provider Update, April 2013

Provider Update, September 2008

Policy Update, December 2007

Policy Update, March 2001

Policy Update, January 2001

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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