# **Medical Coverage Policy**



## **Termination of Pregnancy**

Device/Equip	ment 🗌 Drug 🗌 🛛	Medical 🛛 Surgery	Test Other
Effective Date:	10/1/1998	Policy Last Updated:	2/5/2013

### Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

## **⊠** Prospective review is not required.

#### **Description:**

Termination of a pregnancy is defined as the elective elimination of a pregnancy. 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.

#### **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.

#### Policy:

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 Members:**

"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:

Benefits may vary between groups. Please refer to the appropriate member certificate/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

#### **Related Topics:**

RU-486 Abortion Contraception

#### **References:**

Mifeprex/(Mifepristone) Information: http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111 323.htm

Abortion. (For Informational purposes only). Retrieved 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

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

Schaff, E., et.al. (2000).Vaginal Misoprostol Administered 1,2 0r 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

#### Published:

Provider Update, April 2013 Provider Update, September 2008 Policy Update, December 2007 Policy Update, March 2001 Policy Update, January 2001 Policy Update, December 2000

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your

patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.