Payment Policy | Termination of Pregnancy



EFFECTIVE DATE: 10|01|1998 **POLICY LAST UPDATED:** 10|01|2013

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 EHBs for RI QHPs. Federal mandates regarding EHBs supersede RI state mandates with regards to removing any annual and lifetime dollar limits.

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 speciality 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.

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

BACKGROUND

Effective January 1, 2014, Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), 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 or Benefit Booklet 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.

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

CODING

Based on services provided

RELATED POLICIES

None

PUBLISHED

Provider Update	Nov 2013
Provider Update	Apr 2013
Provider Update	Sep 2008
Policy Update	Dec 2007
Policy Update	Mar 2001
Policy Update	Jan 2001
Policy Update	Dec 2000

REFERENCES

Mifeprex/(Mifepristone) Information:

http://www.fda.gov/DrugS/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm11 1323.htm

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

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 MI fepristone 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&s<u>earchid=1&FIRSTINDEX=0&resourcetype=HWCIT</u>.

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