



Benefits Collaborative Policy Statement

ABORTION SERVICES

Eligible Providers

- Physician
- Osteopath
- Clinic
- Family Planning Clinic

* Mental health providers and services for women with a covered mental health diagnosis are available through the client's regional Behavioral Health Organization.

Eligible Places of Service

- Office
- Hospital
- Ambulatory Surgery Center
- Family Planning Clinic

* In circumstances where continuing the pregnancy would cause a life-endangering circumstance for the pregnant woman, a licensed physician shall perform the abortion procedure in a licensed health care facility. Services may be performed in a place other than a licensed health care facility if, in the medical judgment of the physician, the life of the pregnant woman is substantially threatened and a transfer to a licensed health care facility would further endanger the life of the pregnant woman.

Eligible Clients

- All pregnant female clients whose pregnancy is the result of rape or incest or whose life would be in danger if the pregnancy were to continue

Covered Services

Abortion services are covered only if:

- The pregnancy is the result of rape or incest, OR
- Continuing the pregnancy would cause a life-endangering circumstance for the pregnant woman

Non-Covered Services

- Therapeutic abortions for reasons other than those listed in "Covered Services," including therapeutic abortions performed due to the presence of fetal anomalies incompatible with life outside the womb.
- Mifeprex/Mifepristone

Prior Authorization Requirements

Abortion services do not require prior authorization.

Billing Guidelines

- Claims for abortion services must be submitted on paper.

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- Any claim for payment must be accompanied by a case summary, which includes the following information: (1) Name, address and age of the pregnant woman; (2) gestational age of the fetus; (3) description of the medical condition which necessitated the abortion; (4) services performed; (5) facility in which the abortion was performed; and (6) date of service.
- A claim for payment must also be accompanied by a certification statement confirming the life-endangering circumstances, as well as at least one of the following supporting pieces of documentation: (1) Hospital admission summary; (2) hospital discharge summary; (3) consultant findings and reports; (4) laboratory results and findings; (5) Office visit notes; and (6) hospital progress notes. A suggested certification statement can be found in Appendix K to the Medicaid Billing Manual. This form or a document containing the same information may be used.
- An evaluation by a licensed physician specializing in psychiatry must accompany the claim for reimbursement for the abortion if a psychiatric condition represents a serious and substantial threat to the pregnant woman's life if the pregnancy continues to term. The provider must submit a report of the findings of the consultation unless the pregnant woman has been receiving prolonged psychiatric care.
- All claims for services related to induced abortions resulting from rape or incest must be submitted with a certification statement for abortion for rape or incest. A suggested form can be found in Appendix L to the Medicaid Billing Manual. This form or a similar document must be signed and dated by the patient or guardian and by the provider performing the induced abortion and it must indicate if the pregnancy resulted from rape or incest. No additional documentation is required. Providers may substitute any form that includes the required information. The submitted form or case summary documentation must be signed and dated by the provider performing the abortion service. The client is not required to have filed a police report for rape or incest.
- The following procedure codes are appropriate for identifying induced abortions:
59840 59841 59851 59852 59850 59855 59856 59857
- The following diagnosis code ranges may be used for identifying induced abortions :
635.00-635.92 637.00-637.92
- The following surgical diagnosis codes may be used for identifying induced abortions:
69.01 69.51 69.93 74.91 75.0
- The following modifiers and condition codes should be used when applicable:
G7 - Termination of pregnancy resulting from rape or incest
A-7 Induced abortion to save the life of the mother
A-8 Induced abortion resulting from rape/incest

Definitions

Life-Endangering Circumstance: (1) The presence of a medical condition, other than a psychiatric condition, as determined by the attending physician, which represents a serious and substantial threat to the life of the pregnant woman if the pregnancy continues to term; or (2) The presence of a psychiatric condition, which represents a serious and substantial threat to the life of the pregnant woman if the pregnancy continues to term. In such cases, unless the pregnant woman has been receiving prolonged psychiatric care, the attending physician shall obtain consultation from a licensed physician specializing in psychiatry confirming the presence of such a psychiatric condition.

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References

42 CFR 441.200 - Federal abortion regulations

CCR 10-2505 Section 8.730.4 - Colorado abortion regulations



Medicaid Director Signature

7/3/19

Date