



Colorado Medicaid Benefit Coverage Standard

ABORTION SERVICES

Eligible Providers

- Physician
- Osteopath
- Clinic
- Family Planning Clinic

Note: 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

Note: In cases of rape, incest or life-endangerment, a licensed physician shall perform the abortion in a licensed health care facility. When the pregnancy substantially threatens the life of the client, and the transfer to a licensed health care facility would, in the medical judgment of the attending physician, further threaten the life of the client, the abortion may be provided outside of such a facility.

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 abnormalities incompatible with life outside the womb.
- Mifeprex/Mifepristone



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Prior Authorization Requirements

Abortion services do not require prior authorization.

Billing Guidelines

- Claims for abortion services must be submitted on paper.
- 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; (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 [Claim Forms and Attachments](#) on the Department's Website. 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 if the abortion is performed due to a psychiatric condition that 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 [Claim Forms and Attachments](#) on the Department's Website. 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.



Definitions

Term	Definition
Life-Ending Circumstance	<p>(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</p> <p>(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.</p>

Legal References

Regulation	Reference
42 CFR 441.200	Federal Abortion Regulations
CCR 10-2505 Section 8.730.4	Colorado Abortion Regulations
C.R.S. 25.5-3-106	Use of Public Funds



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Policy Implementation/Revision Information

Original Effective Date: September, 2009

Revision Information:

Date	Section Revised	Change
07/17/2014	Eligible Providers	Added hyperlink for Behavioral Health Organization.
10/3/2014	Eligible Places of Service	Clarified the language pertaining to circumstances when abortions can be provided outside of a licensed facility. No policy change.
07/17/2014	Billing Guidelines	Added hyperlink for Claim Forms and Attachments to be found on the Department's website.
07/17/2014	Billing Guidelines	Added hyperlink for Claim Forms and Attachments to be found on the Department's website.
10/3/2014	References	Added reference to use of public funds for abortion (state statute)

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Medicaid Director Signature

A handwritten date in blue ink, '10/9/14', written over a horizontal line.

Date