

Reimbursement Policy	
Subject: Abortion (Termination of Pregnancy)	
Policy Number: G-06057	Policy Section: Surgery
Last Approval Date: 06/29/2022	Effective Date: 07/13/2020

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.simplyhealthcareplans.com> or <https://provider.clearhealthalliance.com>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Simply and CHA may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Simply and CHA strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

FLSMPLY-CD-RP-022162-23-CPN20270 August 2023

Policy

Simply and CHA allows reimbursement of induced abortions unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Induced abortions are allowed only when the written voluntary and informed consent has been obtained from the woman upon whom the abortion is to be performed and the provider performing the procedure certifies:

- The pregnancy is the result of an act of rape or incest.
- The woman suffers from a physical disorder, injury, or 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.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate when the state-approved Certification of Medical Necessity abortion form is properly executed and submitted with the provider’s claim.

Informed consent is not needed for the treatment of incomplete, missed, or septic abortions. These procedures are not considered induced or elective abortions and are allowed under the criteria of medical necessity.

Related Coding

Standard correct coding applies

Policy History

06/29/2022	Review approved: no changes
07/13/2020	Review approved and effective: policy language updated; definition section updated to add the word “elective” in addition to induced for abortion definition
12/01/2018	Policy template updated
08/03/2018	Review approved: policy template updated
06/15/2016	Review approved
04/14/2014	Review approved: Disclaimer updated
07/18/2011	Review approved and effective 07/08/2009L accountability language updated
07/08/2009	Review approved: Benefit coverage and authorization information removed
08/16/2006	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract
- State Medicaid
- Code of Federal Regulations (CFR) Subpart E- Abortions §441.200- §441.208

Definitions	
Abortion, Induced/Elective	One resulting from measures taken to intentionally end a pregnancy, using medications (medical abortion) or instrumentation (surgery)
Abortion, Incomplete	Part of the product of conception has been retained in the uterus
Abortion, Missed	A dead, nonviable fetus and other products of conception are retained in the uterus for two or more months
Abortion, Septic	There is an infection of the product of conception and the endometrial lining of the uterus usually resulting from attempted interference during early pregnancy
Abortion, Spontaneous/Miscarriage	Occurs when a natural cause ends a pregnancy prior to 20 weeks
Abortion, Threatened	The appearance of signs and symptoms of possible loss of embryo
Stillborn	Occurs when a natural cause ends a pregnancy after 20 weeks
Termination of Pregnancy	Synonym for abortion
General Reimbursement Policy Definitions	

Related Policies and Materials
None