

Clinical Policy: Abortions

Reference Number: SC.CP.MP.01

Date of Last Revision: 03/25

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Description

This policy describes the medical necessity requirements for coverage of abortions that is in accordance with federal laws and regulations, including 42 CFR 441.203, 441.206, and Hyde Amendment included in the annual L-HHS-Ed appropriations acts and state laws and regulations in the South Carolina Code of Laws, Titles 43 and 44 for Absolute Total Care's Medicaid members.

Policy/Criteria

- I. It is the policy of Absolute Total Care that *therapeutic* abortions require *mandatory secondary medical director review* and may be considered **medically necessary** when the following indications are met:
 - A. The treating physician submits documentation certified in writing in the clinical record to Absolute Total Care that, on the basis of their professional judgment, one of the following indications is met:
 1. The pregnancy is the result of an act of rape or incest;
 2. Abortion is necessary based upon a fetal diagnosis that is confirmed to be incompatible with life by two physicians in separate medical practices who specialize in obstetrics or in the area of medicine in which the fatal fetal anomaly is diagnosed;
 3. The pregnancy places the member at significant risk of death or substantial physical impairment of a major bodily function unless an abortion is performed..
 - B. The treating physician submits a completed South Carolina Department of Health and Human Services (SCDHHS) Abortion Statement Form (the form must be completed in its entirety, signed, and dated by the physician, and be clear and legible).

Note: The patient's certification section must also be completed and signed by the member (only in cases of rape or incest).

- II. It is the policy of Absolute Total Care that *therapeutic* abortions for members *under the age of 17* require *mandatory secondary medical director review* and may be considered **medically necessary** if an appropriate indication is met under **section I.A.** and when one of the following criteria is met:
 - A. The treating physician submits documentation of the pregnant member's informed written consent, signed and witnessed of the member and one of the following:
 1. One parent of the member;
 2. A legal guardian of the member;
 3. A grandparent of the member;
 4. Any person who has been standing in loco parentis to the member for at least 60 days.
 - B. The member is emancipated and the treating physician submits documentation of the informed signed written consent of the member;

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- C. The treating physician submits documentation of the member's informed signed written consent and the court order obtained by the member.

III. It is the policy of Absolute Total Care that *selective reduction* abortions require *mandatory secondary medical director review*.

IV. It is the policy of Absolute Total Care that abortions including spontaneous, missed, incomplete, septic, hydatidiform mole, etc. (list is not comprehensive), require *mandatory secondary medical director review* and only require the medical records and clinical notes to verify and confirm the diagnosis. These medical records should be included with all abortion authorization requests and claims.

V. It is the policy of Absolute Total Care that following federal and state laws and regulations, *induced, non-therapeutic* abortions are **not medically necessary**. In addition to the abortion procedure itself, per federal statute and South Carolina Code of Laws, any other service(s) rendered as part of and in support of the abortion are deemed **not medically necessary**.

Note: Providers must follow South Carolina state laws, policies and procedures when performing abortions.

Background

Therapeutic Abortion- For the purpose of this policy and legal statute, is defined as the medically necessary ending of a pregnancy as a result of medical intervention (via pharmaceutical and/or clinical procedure) due to a clinically significant reason, such as the development of a serious maternal complication(s) caused by or made worse by the pregnancy, the increased risk of maternal death if pregnancy continues or during childbirth (not including psychological or emotional conditions), or the pregnancy is the result of rape, incest, or sexual assault.

Spontaneous Abortion- The spontaneous loss of a pregnancy before 20 weeks of gestation due to an underlying medical, biological, genetic, or idiopathic clinical cause. The reason for the pregnancy loss may be the result of one or more factors such as an underlying chronic or acute disease or illness, genetic anomaly, biologic incompatibility, or other clinical reason(s) with an identified etiology. However, more commonly, the cause is idiopathic with no known or definitive etiology. This term is used synonymously with and referred to in layman terms as a miscarriage.

Induced Abortion- The ending of a pregnancy as a result of medical intervention (via pharmaceutical and/or clinical procedure) for any reason(s) other than the pregnancy being the result of rape or incest, risk of maternal death, or other serious maternal medical condition. These other reason(s) include, but are not limited to, not wanting to be pregnant, not financially or emotionally ready to be a parent, because of any kind genetic anomaly, including congenital conditions where there is a high risk of fetal death during pregnancy or shortly after birth, the desire to focus on a career, because of an issue with a partner, including being in an unstable or abusive relationship, etc.

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Coding Implications

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CPT® Codes That Support Coverage Criteria for Therapeutic Abortion

CPT® Codes	Description
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

ICD-10® Codes That Support Coverage Criteria for Therapeutic Abortion

ICD-10 Codes	Description
O04.5	Genital tract and pelvic infection following (induced) termination of pregnancy
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.7	Embolism following (induced) termination of pregnancy
O04.80	(Induced) termination of pregnancy with unspecified complications
O04.81	Shock following (induced) termination of pregnancy

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ICD-10 Codes	Description
O04.82	Renal failure following (induced) termination of pregnancy
O04.83	Metabolic disorder following (induced) termination of pregnancy
O04.84	Damage to pelvic organs following (induced) termination of pregnancy
O04.85	Other venous complications following (induced) termination of pregnancy
O04.86	Cardiac arrest following (induced) termination of pregnancy
O04.87	Sepsis following (induced) termination of pregnancy
O04.88	Urinary tract infection following (induced) termination of pregnancy
O04.89	(Induced) termination of pregnancy with other complications
Z33.2	Encounter for elective termination of pregnancy

ICD-10® Codes That Support the need for Medical Records for Spontaneous Abortions

CPT Codes	Description
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O02.89	Other abnormal products of conception
O02.9	Abnormal product of conception, unspecified
O03.0	Genital tract and pelvic infection following incomplete spontaneous abortion
O03.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O03.2	Embolism following incomplete spontaneous abortion
O03.30	Unspecified complication following incomplete spontaneous abortion
O03.31	Shock following incomplete spontaneous abortion
O03.32	Renal failure following incomplete spontaneous abortion
O03.33	Metabolic disorder following incomplete spontaneous abortion
O03.34	Damage to pelvic organs following incomplete spontaneous abortion
O03.35	Other venous complications following incomplete spontaneous abortion
O03.36	Cardiac arrest following incomplete spontaneous abortion
O03.37	Sepsis following incomplete spontaneous abortion
O03.38	Urinary tract infection following incomplete spontaneous abortion
O03.39	Incomplete spontaneous abortion with other complications
O03.4	Incomplete spontaneous abortion without complication
O03.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O03.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O03.7	Embolism following complete or unspecified spontaneous abortion

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CPT Codes	Description
O03.80	Unspecified complication following complete or unspecified spontaneous abortion
O03.81	Shock following complete or unspecified spontaneous abortion
O03.82	Renal failure following complete or unspecified spontaneous abortion
O03.83	Metabolic disorder following complete or unspecified spontaneous abortion
O03.84	Damage to pelvic organs following complete or unspecified spontaneous abortion
O03.85	Other venous complications following complete or unspecified spontaneous abortion
O03.86	Cardiac arrest following complete or unspecified spontaneous abortion
O03.87	Sepsis following complete or unspecified spontaneous abortion
O03.88	Urinary tract infection following complete or unspecified spontaneous abortion
O03.89	Complete or unspecified spontaneous abortion with other complications
O03.9	Complete or unspecified spontaneous abortion without complication

ICD-10® Codes That Do Not Require Documentation for Spontaneous Abortions

CPT Codes	Description
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O02.89	Other abnormal products of conception
O02.9	Abnormal product of conception, unspecified
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified
O36.4XX1	Maternal care for intrauterine death, fetus 1
O36.4XX2	Maternal care for intrauterine death, fetus 2
O36.4XX3	Maternal care for intrauterine death, fetus 3
O36.4XX4	Maternal care for intrauterine death, fetus 4
O36.4XX5	Maternal care for intrauterine death, fetus 5
O36.4XX9	Maternal care for intrauterine death, other fetus
O42.00	Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation
O42.019	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester
O42.90	Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified weeks of gestation
O42.919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester

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CPT Codes	Description
O42.011	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
O42.012	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
O42.013	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O42.02	Full-term premature rupture of membranes, onset of labor within 24 hours of rupture
O42.911	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester
O42.912	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
O42.913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O42.92	Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
O42.10	Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified weeks of gestation
O42.111	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
O42.112	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
O42.113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O42.119	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester
O42.12	Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy created.	3/24	
Annual review. Code review completed. Added language to reflect mandatory secondary medical director review required for all abortion requests. Criteria I.A. 2. and 3. adjusted to align with updated state guidance. Information regarding minors removed from Note following Section I.B; Criteria II. added for minors. Criteria III. added to address selective reduction abortions. Added to IV. abortion “list is not comprehensive” and “Non-therapeutic” added to IV. for clarity. Note added indicating providers must follow South Carolina laws regarding	3/25	

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
abortions. References reviewed and updated. Sent to plan for review and ownership.		

References

1. Office of the Federal Register National Archives and Records Administration. Code of Federal Regulations (CFR). Title 42 Public Health- Volume 4, Subpart E - Abortions § 441.203 and § 441.206. <https://ecfr.report/t/title-42-public-health-volume-4/>. Published December 17, 1987. Accessed February 12, 2025.
2. South Carolina General Assembly. Section 44-140-10 Reproductive health rights. https://www.scstatehouse.gov/sess126_2025-2026/bills/27.htm. Published January 14, 2025. Accessed February 18, 2025.
3. South Carolina Department of Health and Human Services Medicaid Contract. Section 4. Core Benefits and Services; Subsection 4.2 Abortions. https://www.scdhhs.gov/sites/default/files/managedcare/MNGDCARE_CONTRACT_BLACKLINED_JULY24.pdf. Updated July 1, 2024. Accessed February 4, 2025.
4. MCO Medicaid Provider Manual 2024 Absolute Total Care. Healthy Connections. <https://www.absolutetotalcare.com/providers/resources/forms-resources.html>. Updated September 30, 2024. Accessed February 4, 2025.
5. The American College of Obstetricians and Gynecologists (ACOG). Guide to language and abortion. <https://www.acog.org/contact/media-center/abortion-language-guide>. Updated October 2024. Accessed February 4, 2025.
6. Salganicoff A, Sobel L, Gomez I, Ramaswamy A. The Hyde Amendment and coverage for abortion services under Medicaid in the post-Roe era. <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services-under-medicaid-in-the-post-roe-era/>. Published March 14, 2024. Accessed February 4, 2025.
7. World Health Organization (WHO). Abortion care guideline. Chapter 3; Section 3.4 Abortion. <https://www.who.int/publications/i/item/9789240039483>. Published March 8, 2022. Accessed February 4, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering

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benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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