

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	REFERENCE NUMBER: SC.UM.33
EFFECTIVE DATE: 5/1/2007	P&P NAME: Abortions
REVIEWED/REVISED DATE: 12/19; 1/21; 1/22	RETIRED DATE:
BUSINESS UNIT: Absolute Total Care	PRODUCT TYPE: Medicaid
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

SCOPE:

Absolute Total Care Medical Management, Contracting, Claims and Provider Service departments

PURPOSE:

The purpose is to define the policy for coverage of abortions.

DEFINITIONS: N/A

POLICY:

Absolute Total Care shall cover abortions applicable to Federal and State laws and regulations and when previously approved as follows:

- **Therapeutic Abortions** and services associated with the abortion procedure shall be covered only when the physician has found, and certified in writing that on the basis of his professional judgment, the pregnancy is a result of rape or incest or the women 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 place the women in danger of death unless an abortion is performed and must be documented in the medical record by the attending physician stating why the abortion is necessary; or if the pregnancy is the result of an act of rape or incest. Abortions must be documented with a completed South Carolina Department of Health and Human Services (SCDHHS) **Abortion Statement Form** which will satisfy federal and state regulations.

The following guidelines are to be used in reporting therapeutic abortions:

1. Diagnosis codes to be used only to report therapeutic abortions performed on or after October 1, 2015 are: O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89 or Z33.2.
2. Diagnosis codes in the 635 range should be used ONLY to report therapeutic abortions performed on or before September 30, 2015.
3. Abortions which are reported with diagnosis and procedure codes for therapeutic abortions must be accompanied by complete medical records which substantiate life endangerment to the mother or that the pregnancy is the result of rape or incest AND the signed **Abortion Statement Form**.
4. The abortion statement must contain the name and address of the patient, the reason for the abortion, and the physician's signature and date. The patient's certification statement is only required in cases of rape or incest.

- **Non-Elective Abortions** including spontaneous, missed, incomplete, septic, hydatidiform mole, etc., require only that the medical record verify such a diagnosis. Legible medical records should be included with all non-elective abortion claims and should include admission history and physical, discharge summary, pathology report, operative report, physician progress notes, etc. unless otherwise noted below.

The following guidelines are to be used in reporting non-elective abortions:

1. Spontaneous, inevitable or missed abortions on or after October 1, 2015 should be reported with the appropriate other diagnosis codes: (e.g., O01.0; O01.1; O01.9 O02.0; O02.1; O02.81; O02.89; O02.9; O03.0; O03.1; O03.2; O03.30; O03.31; O03.32; O03.33; O03.34; O03.35; O03.36; O03.37; O03.38; O03.39; O03.4; O03.5; O03.6; O03.7; O03.80; O03.81; O03.82; O03.83; O03.84; O03.85; O03.86; O03.87; O03.88; O03.89; O03.9).
2. The following diagnosis codes do not require documentation: O01.0; O01.1; O01.9 O02.0; O02.1; O02.81; O02.89; O02.9; O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O42.00, O42.019, O42.90, O42.919, O42.011, O42.012, O42.013, O42.02, O42.911, O42.912, O42.913, O42.92, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12.
3. The appropriate other diagnosis codes (e.g., 630, 631, 632, 634, 636, and 637) should be reported for non-elective abortions on or before September 30, 2015. For dates of service on or before September 30, 2015, the following diagnosis codes do not require documentation: 630, 631, 632, 656.4(0,1,3), 658.1 (0,1,3), and 658.2 (0,1,3).

PROCEDURE:

Absolute Total Care will require therapeutic abortions to be pre-approved as listed on the current Prior Authorization list.

1. The provider's request is received and a case is built.
2. A task is sent to the UM Clinical Review queue for Prior Authorization.
3. The Prior Authorization Review Nurse will confirm the clinical circumstances of the requested services to determine if the service is eligible for coverage then verbally confirm that the Abortion Statement Form has been completed and request the form that pertains to the requested service be faxed to the prior authorization fax number for medical review and attaching to the referral.
4. Once all required information and the Abortion Statement Form are received and reviewed, the authorization is completed and the provider is instructed to submit the required Abortion Statement Form and medical records with the claim for the services.
5. Claims will image the required Abortion Statement Form and medical records with the claim prior to payment.
6. If there is no Prior Authorization or the appropriate documentation is not submitted with the claim, the claim is handled per the claims denial process.

REFERENCES:

Section 4.2.1 Abortions – SCDHHS Medicaid Contract
 Section 4.2.1 Abortions - MCO Policy and Procedure Guide
 Healthy Connections Hospital Services Provider Manual

ATTACHMENTS:

Abortion Statement Form

SUPPORT/HELP: N/A

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Grammar changes	12/12/2008
Ad Hoc Review	SCHIP references Name Change from Total Carolina Care to Absolute Total Care	01/24/2009
Annual Review	Policy Name Change Policy Name change from "Prior Authorization for Covered Abortions, Hysterectomies and Sterilizations" to "Abortions"	10/27/2009
Annual Review	Removal of SCHIP line of business from Header- Product type. Name change from "total" to ATC. Current Forms used from the State's MCO P&P Guide.	11/01/2010
Annual Review	Under "Procedure", items #2 and #3 – "PA nurse" replaced with "Prior Authorization Nurse". Replaced Marion Sustakoski's signature with Sr. Director of MM and VPMM. Updated forms used from the State's MCO P&P Guide	10/21/2011
Annual Review	No changes/revisions	10/12/2012
Annual Review	Under Procedure: item 1 changed "The provider's request is received and a case is built;" item 2, changed to: "A task is sent to the UM Clinical Review for Prior Authorization."	10/10/2013
Annual Review	No changes/revisions	10/01/2014
Ad Hoc Review	Updated definition of Medically necessary services with SCDHHS contract.	11/04/2014

Annual Review	Changed 'reporting guidelines' and numbered them. Changed the diagnosis codes for abortions and formatting to that section. Changed 'prior' to "previously" in the Policy description. Added "queue" after UM Clinical Review to Procedure #2. Added "Review" after The Prior Authorization Procedure #3. Changed Procedure 3. 'physical review' to 'medical review.'	11/02/2015
Ad Hoc Review	Add .2 to #1 under Abortions header.	03/31/2016
Annual Review	Updated language to clarify the difference between therapeutic and non-elective abortions. Changed "consent form" to "Abortion Statement Form." Added medical record documentation requirement and diagnosis codes that do not require documentation for non-elective abortions. General grammar and formatting updates.	12/08/2016
Annual Review	No changes/revisions	12/06/2017
Annual Review	No changes/revisions	12/07/2018
Annual Review	No changes/revisions	12/27/2019
Annual Review	No changes/revisions	01/08/2021
Annual Review	No changes/revisions	01/06/2022

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

ABORTION STATEMENT

This certification meets FFP requirements and must include all of the aforementioned criteria.

Patient's Name: _____

Patient's Medical ID Number: _____

Patient's Address: _____

Physician Certification Statement

I, _____ certify that it was necessary to terminate the pregnancy of _____
_____ for the following reason:

- a. Physical disorder, injury, or illness (including a life-endangering condition caused or arising from pregnancy) placed the patient in danger of death unless abortion was performed. Name of condition: _____
- b. The patient has certified to me the pregnancy was a result of rape or incest and the police report it attached.
- c. The patient has certified to me the pregnancy was a result of rape or incest and the patient is unable for physiological or psychological reasons to comply with the reporting requirements.

Physician's Signature

Date



The patient's certification is only required in cases of rape or incest.

Patient Certification Statement

I, _____ certify that my pregnancy was the result of an act of rape or incest.

Patient's Signature

Date

Both the completed Abortion Statement and appropriate medical records must be submitted with the claim form.