



**TERMINATION OF PREGNANCY - ELECTIVE**

Effective Date: September 1, 2007

Review Dates: 1/93, 12/94, 10/97, 12/99, 12/01, 2/02,  
1/03, 1/04, 1/05, 12/05, 12/06, 6/07, 4/08, 4/09

Date Of Origin: June 30, 1988

Status: Current

**I. DESCRIPTION**

*Previously known as Abortion policy*

**II. POLICY/CRITERIA**

Elective termination of pregnancy is not a covered benefit unless the group/member has purchased the rider for that coverage.

- A. The exclusion shall not apply to terminations of pregnancy performed when the mother's life is endangered by continuation of the pregnancy or when the pregnancy is a result of rape or incest (documented with a police report).

Conditions under which the elective abortion may be medically necessary and therefore a covered benefit include but are not limited to:

1. Severe psychiatric impairment (as evidenced by prior institutionalization or prior suicidal ideation)
2. Severe cardiac disease (prior history of cardiac decompensation)
3. Cancer (carcinoma of the cervix, breast, uterus)
4. Advanced hypertensive cardiovascular disease
5. Severe renal disease (on renal dialysis, severe renal impairment due to either chronic or acute kidney disease)
6. Intracranial aneurysm (history of prior intracranial bleeding)

- B. Selective reductions for multi-fetal pregnancies are not a covered benefit.

- C. Elective pregnancy termination may be covered when at least two independent physicians concur that a fetal condition diagnosed in-utero is incompatible with life post-delivery.

- D. Medicaid Coverage Criteria

Abortions for Medicaid members are covered for the following reasons only:

1. Life of the mother is endangered if the pregnancy continues
2. Rape
3. Incest



**III. MEDICAL NECESSITY REVIEW**

Required for Medicaid members only  Not Required  Not Applicable

**IV. APPLICATION TO PRODUCTS**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

**V. CODING INFORMATION**

**ICD-9 Codes that may support medical necessity**

*Not specified*

**CPT/HCPCS Codes**

Covered (*Inpatient service must be pre-authed*)

- 59100 Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
- 59812 Treatment of incomplete abortion, any trimester, completed surgically
- 59820 Treatment of missed abortion, completed surgically; first trimester
- 59821 Treatment of missed abortion, completed surgically; second trimester
- 59830 Treatment of septic abortion, completed surgically

Covered with Rider only:

- 59840 Induced abortion, by dilation and curettage
- 59841 Induced abortion, by dilation and evacuation
- 59850 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
- 59851 Induced abortion, by one 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 one 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 one 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 one 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 one 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)
- 59866 Multifetal pregnancy reduction(s) (MPR)

Not covered:

- 59072 Fetal umbilical cord occlusion, including ultrasound guidance

## **VI. REFERENCES**

### **AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

---

*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.*

*Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*

*The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.*