

TERMINATION OF PREGNANCY

Effective Date: June 4, 2015

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, 4/10, 4/11, 4/12, 4/13, 5/14, 5/15, 5/16, 5/17, 5/18

Date Of Origin: June 30, 1988

Status: Current

This policy reflects coverage mandated by the State of Michigan “Abortion Insurance Opt-Out Act” effective March 14, 2014. The mandate applies to fully funded commercial members (individual and group) beginning or renewing coverage after March 13, 2014.

I. POLICY/CRITERIA

A. For fully funded commercial members (individual and group) with plans beginning or renewing after March 13, 2014:

As mandated by the State of Michigan “Abortion Insurance Opt-Out Act” elective termination of pregnancy is not a covered benefit unless the group/member has purchased a rider or supplemental coverage for elective abortion.

1. The exclusion shall not apply to terminations of pregnancy when performed to:
 - a. Protect the mother's life when it is endangered by continuation of the pregnancy.

Conditions for which the abortion may be medically necessary for the life of the mother and therefore a covered benefit include but are not limited to:

- i. Severe psychiatric impairment (as evidenced by prior institutionalization or prior suicidal ideation)
 - ii. Severe cardiac disease (prior history of cardiac decompensation)
 - iii. Cancer (carcinoma of the cervix, breast, uterus)
 - iv. Advanced hypertensive cardiovascular disease
 - v. Severe renal disease (on renal dialysis, severe renal impairment due to either chronic or acute kidney disease)
 - vi. Intracranial aneurysm (history of prior intracranial bleeding)
- b. Increase the probability of a live birth or to preserve the life or health of the child after birth. An example would include selective abortion for multiple gestations.

- c. Remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman.
- 2. Effective with the *Michigan Abortion Insurance Opt-Out Act - Public Act 182 of 2013, elective termination of pregnancy is not covered:
 - a. Even when two or more independent physicians concur that a fetal condition diagnosed in-utero is incompatible with life post-delivery.
 - b. When the pregnancy is the result of rape or incest.

***Michigan Abortion Insurance Opt-Out Act - Public Act 182 of 2013 – Sec. 11. As used in this act:**

(a) “Elective abortion” means the intentional use of an instrument, drug, or other substance or device to terminate a woman’s pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Elective abortion does not include any of the following:

- (i) The use or prescription of a drug or device intended as a contraceptive.
- (ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman’s pregnancy if the woman’s physical condition, in the physician’s reasonable medical judgment, necessitates the termination of the woman’s pregnancy to avert her death.
- (iii) Treatment upon a pregnant woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy.

B. For Medicaid/Healthy Michigan Plan members

Abortions are covered for the following reasons only:

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

C. For Self-funded members

Consult individual plan documents.

II. MEDICAL NECESSITY REVIEW

- Retrospective Review of clinical information is required to complete exception processing if A. above is applicable. *Note: Does not apply for Medicaid/Healthy Michigan Plan members*
- Prior Authorization required for Medicaid/Healthy Michigan Plan members only when B. above is applicable. *Note: Conditions not listed in B. above are not covered for Medicaid/Healthy Michigan Plan members*
- Not Required
- Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Previously known as Abortion policy

V. CODING INFORMATION

ICD-10 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)

VI. REFERENCES

Michigan Abortion Insurance Opt-Out Act - Public Act 182 of 2013 [http://www.legislature.mi.gov/\(S\(ftjusbzntoj0w5jww2jgnq45\)\)/mileg.aspx?page=getObject&objectName=mcl-Act-182-of-2013](http://www.legislature.mi.gov/(S(ftjusbzntoj0w5jww2jgnq45))/mileg.aspx?page=getObject&objectName=mcl-Act-182-of-2013)

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