Abortion approvals REQUIRE special forms to be completed. See “State Specific Instructions”. This is audited.

Definitions:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Induced Abortion</td>
<td>The process of ending a pregnancy via a performed procedure or an ingested medication.</td>
</tr>
<tr>
<td>Threatened Abortion</td>
<td>Threatened abortion describes cases in which the diagnostic criteria for spontaneous abortion have not been met, but vaginal bleeding has occurred and the cervical os is closed. Fetal heart tones may be present in pregnancies greater or equal to 6 weeks gestation. A threatened abortion in not an indication for pregnancy termination.</td>
</tr>
<tr>
<td>Empty Sac</td>
<td>A pregnancy with an empty gestational sac is a pregnancy in which embryonic development arrested at a very early stage or failed altogether. This type of gestation has been referred to as an anembryonic pregnancy or a blighted ovum</td>
</tr>
<tr>
<td>Missed Abortion</td>
<td>The term missed abortion refers to a clinical abortion in which the products of conception are not expelled spontaneously from the uterus (e.g., the woman has a noviable intrauterine pregnancy that has not been passed and her cervical os is closed). This pregnancy has progressed more than an empty sac and a heartbeat may have been noted prior to the demise.</td>
</tr>
<tr>
<td>Inevitable abortion</td>
<td>The term inevitable abortion refers to cases in which the patient has vaginal bleeding, typically accompanied by crampy pelvic pain, and the cervix is dilated. Products of conception can often be felt or visualized through the internal cervical os.</td>
</tr>
<tr>
<td>Incomplete and complete abortion</td>
<td>Incomplete abortion refers to cases in which vaginal bleeding and/or pain are present, the cervix is dilated, and products of conception are found within the cervical canal on examination (some of the tissue may have already passed through the vertical os).</td>
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</tbody>
</table>
Complete abortion refers to cases in which the products of conception are entirely out of the uterus and cervix, and on examination the cervix is closed and the uterus is small and well contracted; vaginal bleeding and pain may be mild or may have resolved.

Septic Abortion

Septic abortion refers to a complicated form of spontaneous abortion accompanied by an intrauterine infection. Septic abortion is uncommon in women with spontaneous abortion and is more frequently associated with induced abortion. It is important to recognize the signs and symptoms of septic abortion, because the condition can be severe and life-threatening.

**Policy:** Meridian Health Plan covers induced abortions when certain criteria, listed below, is met.

**Procedure:**

**Criteria for Coverage:**

Meridian Health Plan covers induced abortions only when one of the following criteria points are met:

1. Documentation of an injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the mother in danger of death if the pregnancy is allowed to continue. Clinical evidence of a covered indication must be submitted with the request.
   a. Documentation must be submitted by a sub-specialist (maternal fetal medicine, cardiologist, neurologist, or any other sub-specialist that treats the illness/injury in question) in instances of illness or injury
2. If the pregnancy is the result of rape. Clinical evidence of a covered indication must be submitted with the request.
3. If the pregnancy is the result of incest. Clinical evidence of a covered indication must be submitted with the request.

**All requests require physician review.**

**HOWEVER, as documented in clinical materials, if request is for ectopic pregnancies, diagnosis of empty sac, spontaneous, incomplete, missed, or inevitable abortion, physician review is not required.**

**Line of Business Applicability:**

This policy applies to Michigan Medicaid, Illinois Medicaid

For Medicaid/Medicaid Expansion Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located 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)), or the Illinois Medicaid Fee Schedule (located at: [http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx](http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--00.html)), or the Illinois Medicaid Provider Manual (located at: [http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx](http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx)) the applicable Medicaid Provider Manual will govern.

**State specific special instructions:**

None: ☐

**MI: Medicaid:** Physicians must certify on a completed Certification for Induced Abortion form (MSA-4240) that, for medical reasons, an abortion was necessary to save the life of the mother or the beneficiary’s medical history indicates that the terminated pregnancy was the result of rape or incest.

The physician who completes the MSA-4240 must also ensure completion of the Beneficiary Verification of Coverage form (MSA-1550) and is responsible for providing copies of the forms for billing purposes to any other provider (e.g., anesthesiologist, hospital, laboratory) that would submit claims for services related to the abortion.
Copies of the MSA-4240 and the MSA-1550 are NOT required for claims for ectopic pregnancies, diagnosis of empty sac, spontaneous, incomplete, missed, or inevitable abortions. Providers may attach copies of the MSA-4240 and the MSA-1550 to the claim or submit them via fax. A link to the MSA-4240 can be found here. A link to the MSA-1550 can be found here.

Upon receipt of the request for an elective abortion the UMCC will fax the needed state forms to the requesting physician with the requirement that they be filled out and returned with the claim submission for the service. If the request is expedited and the required forms are not received in a timely manner, the Pre-Service Nurse Reviewer will document on the approval notification that State of Michigan form 4240 and 1550 must accompany the claim submission for payment to be processed.

**IL: Medicaid:**

The HFS 2390 Abortion Payment Application is being obsoleted and the Department will no longer require it for claims received on and after November 1, 2019.

All abortion services for both fee-for-service and managed care participants will be state-only funded beginning November 1, 2019. With this change, all claims, regardless of the date of service, that contain abortion procedures must be billed directly to the Department beginning November 1, 2019. This applies to claims submitted for participants covered under a HealthChoice Illinois managed care plan as well as traditional fee-for-service.

**OH:**

References:

2. Illinois Provider Handbook. Chapter A-100 (General), Section 103.3 and Section 140.43. Version Date: December 23, 2019.
6. HFS Provider Notice Issued 11/01/2019 Re: Changes to Claim Submittal Process and Rates for Abortion Procedures

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<tr>
<th>State Letters/Bulletins</th>
<th>CMS National/Local Coverage Determination (NCD/LCD)</th>
<th>Medicare Managed Care Manual</th>
<th>Medicaid CFR</th>
<th>State Administrative Codes</th>
<th>Contract Requirements</th>
<th>Related Policies</th>
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