

# Clinical Policy: Elective Abortion

Reference Number: IL.CP.MP.509

Last Review Date: 12/22

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

<b>Induced Abortion</b>	The process of ending a pregnancy via a performed procedure or an ingested medication.
<b>Threatened Abortion</b>	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 is not an indication for pregnancy termination.
<b>Empty Sac</b>	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
<b>Missed Abortion</b>	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 nonviable 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.
<b>Inevitable abortion</b>	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.
<b>Incomplete and complete abortion</b>	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 cervical os). 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.
<b>Septic Abortion</b>	Septic abortion refers to a complicated form of induced or 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/Criteria**

As documented in clinical materials, if request is for ectopic pregnancy, diagnosis of empty sac, spontaneous, incomplete, missed, or inevitable abortion, physician review is not required. Pursuant to [Public Act 100-0538](#) the Department of Healthcare and Family Services (HFS) expanded coverage of legal abortion services for eligible persons in the Medical Assistance Program, for dates of service on or after January 1, 2018, HFS reimburses abortion services for the following reasons: when the woman's life is endangered; to end pregnancies resulting from rape or incest; if necessary to protect a woman's health; and for any other reason. HFS will continue to reimburse for surgical abortions or abortions resulting from the administration of a medication.

All abortion services for both fee-for-service and managed care participants are state-only funded as of November 1, 2019. All claims, regardless of the date of service, that contain abortion procedures must be billed directly to the Department as of 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. For billing instructions, please refer to IL HFS Provider Notice Issued 11/01/2019 Changes to Claim Submittal Process and Rates for Abortion Procedures.

**Coding Implications**

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CPT®* Codes	Description

HCPCS®* Codes	Description

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HCPCS <sup>®*</sup> Codes	Description

### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revisions Date	Approval Date
Original approval date		11/21
Annual Review	12/21	12/21
Annual review	12/22	12/22

### References

1. “Up to Date”: Patient education: Abortion (The Basics), Topic 15750 Version 17.0 , Retrieved from UpToDate on: October 30, 2022
2. “Up to Date” Overview of pregnancy termination, Authors:Jody Steinauer, MD, MAS, PhD Rajita Patil, MD, FACOG Section Editor:Robert L Barbieri, MD Deputy Editor:Alana Chakrabarti, MD This topic last updated: August 22, 2022 . Retrieved from UpToDate on: October 30, 2022
3. Pregnancy loss (miscarriage): Clinical presentations, diagnosis, and initial evaluation  
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 Literature review current through: Sep 2022 . This topic last updated: **August 25, 2022** . Retrieved from UpToDate on: **October 30, 2022** .
4. Illinois Department of Healthcare and Family Services Handbook for Providers of Medical Services Issued September 2017,  
<https://www2.illinois.gov/hfs/SiteCollectionDocuments/82319Chapter100PolicyCopyTitle19ChangesFinal.pdf>
5. IL HFS Provider Notice Issued 12/29/17. Expansion of Abortion Reimbursement Effective January 1, 2018.

6. IL HFS Provider Notice Issued 11/01/2019. Changes to Claim Submittal Process and Rates for Abortion Procedures.

**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 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.

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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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