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Abortion**Induced Abortion**

The use of public funds to provide induced abortion services must meet applicable state and federal laws.

Medicaid payment for induced abortion is restricted to those that meet the following criteria:

1. A physician has found, and so certifies in their own handwriting, that on the basis of their professional judgment, the life of the pregnant beneficiary would be endangered if the fetus was carried to term;
2. The certification statement, must contain the name and address of the beneficiary, and must be attached to the claim form. The diagnosis or medical condition which makes the pregnancy life endangering must be specified on the claim; or
3. In the case of terminating a pregnancy due to rape or incest, the following requirements must be met:
 - a. The Medicaid beneficiary shall report the act of rape or incest to a law enforcement official unless the treating physician certifies in writing that, in the physician's professional opinion, the victim was too physically or psychologically incapacitated to report the rape or incest;
 - b. The report of the act of rape or incest to a law enforcement official, or the treating physician's statement that the victim was too physically or psychologically incapacitated to report the rape or incest, must be submitted to the Bureau of Health Services Financing along with the treating physician's claim for reimbursement for performing an abortion;
 - c. The Medicaid beneficiary shall certify that the pregnancy is the result of rape or incest and this certification shall be witnessed by the treating physician.
 - d. The "Office of Public Health Certification of Informed Consent-Abortion" form shall be witnessed by the treating physician.

In order for Medicaid reimbursement to be made for an induced abortion, providers must attach a copy of the "Office of Public Health Certification of Informed Consent-Abortion" form to their claim form (See Appendix B for information on obtaining a copy of this form).

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Claims associated with an induced abortion, including those of the attending physician, hospital, assistant surgeon, and anesthesiologist must be accompanied by a copy of the attending physician's written statement of medical necessity; therefore, **only hard-copy claims** will be reviewed by the fiscal intermediary physician consultants for payment consideration.

Threatened, Incomplete or Missed Abortion

Claims for threatened, incomplete, or missed abortion must include the beneficiary history and complete documentation of treatment.

Supporting documentation that will substantiate payment may include, but is not limited to, one or more of the following:

1. Sonogram report showing no fetal heart tones;
2. History indicating passage of fetus at home, en route, or in the emergency room;
3. Pathology report showing degenerating products of conception; or
4. Pelvic exam report describing stage of cervical dilation.