

VOLUNTARY ABORTION

Abortion is defined as the termination of pregnancy before the fetus reaches the stage of viability.

ORIGINAL MEDICARE

Voluntary abortion procedures are not covered under Original Medicare except for the following conditions:

- If the pregnancy is the result of an act of rape or incest.
- In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, which would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

MEDICARE ADVANTAGE

Coverage for voluntary abortion is provided to members under select Medicare Advantage private fee-for-service plans regardless of the circumstances that led to the pregnancy or the conditions related to the abortion. The member's cost-sharing and other coverage conditions are determined by the group.

Conditions for payment

BCBSM Medicare Advantage private fee-for-service plans use CMS deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for voluntary abortion:

Conditions for payment	
Eligible providers	Consistent with Original Medicare
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	Consistent with Original Medicare
Frequency	
CPT/HCPCS codes	
Diagnosis restrictions	
Age restrictions	

Reimbursement

The maximum payment amount for voluntary abortion benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

¹ 2009 Terms & Conditions – <http://www.bcbsm.com/ma/>

Member cost-sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

For detailed information about BCBSM Medicare Advantage member's benefits and cost-share, review the group plan's **Summary of Benefits**.

The chart below identifies members with voluntary abortion coverage.

Group name and number	
State of MI Retirees Troopers 81820	State of MI Retirees Nontroopers 81821 & 81828

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) is available at: http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.