

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Abortion

January 1, 2008
Updated October 1, 2008

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 the Centers for Medicare & Medicaid Services 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	

¹ 2008 Terms and conditions

Reimbursement

The maximum payment amount for voluntary abortion benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowable 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.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. 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.

The cost-sharing chart below identifies members with voluntary abortion coverage:

Member Cost-Sharing Responsibilities				
Group Name and Number	Annual Deductible	Coinsurance		Out-of-Pocket Maximum
		Professional Claim	Institutional Claim	
	2008	2008	2008	2008
State of MI Retirees ² 81820, 81821, 81828	\$200	None	SOB ³	Does not apply

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:

² State of Michigan Retirees Benefit grid

³ 2008 Summary of benefits

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.