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## Medical Policy



Nonprofit corporations and independent licensees  
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**Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.**

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**\*Current Policy Effective Date: 1/1/25**  
(See policy history boxes for previous effective dates)

### **Title: Pregnancy Terminations - Medical and Surgical**

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#### **Description/Background**

Per Michigan legislation, abortion is defined as a medical treatment that is intended to terminate a diagnosable intrauterine pregnancy (IUP) for a purpose other than to produce a live birth. Abortion does not include the use or prescription of a drug or device that prevents pregnancy or a medical treatment used to remove a dead fetus or embryo whose death was the result of a spontaneous abortion. See MCL 333.2803

The American College of Obstetricians and Gynecologists committee on coding and nomenclature defined the following terms:

- First trimester-First day of last menstrual period to 13 6/7 weeks of gestation
- Second trimester-14 0/7 weeks of gestation to 27 6/7 weeks of gestation
- Third trimester-28 0/7 or more weeks of gestation

#### **Medical Abortion**

Medical abortion is the use of medications, instead of surgery, to induce an abortion. A medical abortion can be done up to 70 days from the first day of the last menstrual period. Medical abortion is 92-95 percent effective. If the products of conception are not completely expelled, a surgical abortion may be needed.

Combined mifepristone-misoprostol regimens are more effective than misoprostol alone or methotrexate and misoprostol. Where mifepristone is available, a combined mifepristone-misoprostol regimen should be used.

## **Surgical Abortion**

### *Uterine Aspiration*

Uterine aspiration is vacuuming or using suction to remove uterine contents through the cervix. It is typically used up to 13 6/7 weeks gestation but may be performed on gestational ages beyond this. Manual vacuum aspiration uses a syringe to remove the contents of the uterus. Electric vacuum aspiration is fundamentally the same as the manual procedure but uses an electric pump to generate the vacuum.

### *Dilation and Evacuation (D&E)*

This procedure can be done after 12 to 14 weeks of pregnancy. The dilation and evacuation procedure consists of two components:

- The preparation and dilation of the cervix with osmotic, pharmacologic, and/or mechanical dilators; and
- The evacuation of the uterus using a combination of suction, extraction with forceps, and curettage.

## **Labor-Inducing Abortion**

For abortions in the second trimester, labor may be induced with medications. These medications can be taken orally, inserted into the vagina, or given intravenously. Labor-inducing abortions usually require hospitalization due to the possible risks to the mother if not closely monitored. Prostaglandins are the most widely used medications for this procedure, causing the uterus to contract and expel the fetus. Other agents such as oxytocin are used as well.

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## **Regulatory Status**

### **Michigan Definition of Abortion**

In Michigan, abortion is defined as “a medical treatment that is intended to terminate a diagnosable intrauterine pregnancy for a purpose other than to produce a live birth. Abortion does not include the use or prescription of a drug or device that prevents pregnancy or a medical treatment used to remove a dead fetus or embryo whose death was the result of a spontaneous abortion.” See MCL 333.2803

Abortion does not include any of the following:

- The use or prescription of a drug or device intended as a contraceptive.
- Treatment upon a pregnant individual who has been diagnosed with a miscarriage (loss of pregnancy).
- Treatment upon an individual who has been diagnosed with an ectopic pregnancy.
- Treatment to preserve the life and health of the child after birth.

### **Abortions for Which Federal Funding is Available (the “Hyde Amendment”)**

Since 1976, the federal government has included a provision in the annual appropriations Act clarifying when federal funding can be used for abortions.

- In the case of a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that

would, in the treating physician's opinion, place the woman in danger of death unless an abortion is performed.

- In the case of rape or incest.
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## **Medical Policy Statement**

Pregnancy termination is considered an established procedure when inclusionary criteria are met.

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## **Inclusionary and Exclusionary Guidelines**

***Coverage of abortions for which federal funding is not available, medically, surgically, and labor induced, are considered an exclusion unless the benefit is offered based on a group plan's design. Additionally, if the abortion is not legal in the location where the service is being rendered, such abortions are an exclusion in that location.***

### **Inclusions:**

**All** of the following criteria must be met:

- Confirmation of pregnancy must be documented.
- Gestational age must be verified.
- All legal requirements have been fulfilled.
- Pregnancy is the product of incest or rape **OR** documentation of a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, in the treating physician's opinion, place the pregnant individual in danger of death unless an abortion is performed.

### **Additional criteria specific for Medical Abortions:**

- Must be 70 days or less from the first day of the last menstrual period.
- Must visit health care provider three times for the following:
  - First visit-first part of determined regimen is given.
  - Two days later, second visit takes place, and second drug is given.
  - Within 14 days of first visit, follow up visit must take place to ensure abortion is complete.

### **Contraindications for mifepristone used in Medical Abortions:**

- Confirmed or suspected ectopic pregnancy
- Chronic adrenal failure
- Concurrent long-term systemic corticosteroid therapy
- History of allergy to mifepristone, misoprostol, or other prostaglandins
- Known coagulopathy or concurrent anticoagulant therapy
- Inherited porphyria
- Intrauterine device (IUD) in place

### **Exclusions:**

- Not meeting above criteria

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**CPT/HCPCS Level II Codes** *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

**Abortions Covered (when paired with one of the appropriate diagnosis codes (i.e., federally covered)):**

59100	59840	59841	59850	59851	59852
59855	59856	59857	S0190	S0191	S0199
S2260	S2265	S2266	S2267		

**Additional Abortions Covered Based on Plan Design (when not paired with one of the appropriate diagnosis codes (i.e. not federally covered)):**

59100	59840	59841	59850	59851	59852
59855	59856	59857	59866	S0190	S0191
S0199	S2260	S2265	S2266	S2267	

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**Rationale**

Every individual has a fundamental right to reproductive freedom, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including but not limited to prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care. An individual's right to reproductive freedom shall not be denied, burdened, nor infringed upon unless justified by a compelling state interest achieved by the least restrictive means.

Notwithstanding the above, the state may regulate the provision of abortion care after fetal viability, provided that in no circumstance shall the state prohibit an abortion that, in the professional judgment of an attending health care professional, is medically indicated to protect the life or physical or mental health of the pregnant individual.<sup>1</sup>

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**Government Regulations**

**National:**

**140.1 – ABORTION**; effective and implementation date 6/19/2006.

**Please Note:** This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Indications and Limitations of Coverage  
CIM 35-99

Abortions are not covered Medicare procedures except:

1. If the pregnancy is the result of an act of rape or incest; or
2. 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 that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

### **Local:**

There is no local coverage determination (LCD) on this topic

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

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### **Related Policies**

- Contraception and Voluntary Sterilization
- Multifetal Pregnancy Reduction (Retired)

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### **References**

1. MCL Const. Art. I, § 28
2. Borgatta, L., et al., "Early Medical Abortion with Methotrexate and Misoprostol," *Obstetrics and Gynecology*, 2001, Vol. 97, No. 1, pp. 11-16.
3. Centers for Medicare and Medicaid, *Medicare Coverage Database*, 140.1 - National Coverage Determination for Abortion, Effective Date 6/19/06.
4. U.S. Food and Drug Administration, "Mifeprex (mifepristone) Information", FDA-Approved Regimen (2016), page updated 3/23/23 Available online at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm>. Accessed August 2024.
5. American College of Obstetricians and Gynecologists (ACOG), Practice Bulletin. "Medication Abortion Up to 70 Days of Gestation". No.225, October 2020. Available online at: <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation>. Accessed August 2024.

*The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through September 10, 2024 the date the research was completed.*

### Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
4/5/02	4/5/02	4/5/02	Joint policy established
9/10/03	9/10/03	10/14/03	Routine maintenance
11/8/04	11/8/04	12/6/04	Routine maintenance, policy retired
4/11/05	4/11/05	4/11/05	S codes added (S2260, 62, 65, 66, 67) per BI3 request. Approved per JUMP chair and co-chair.
11/1/07	8/21/07	10/31/07	Policy unretired for yearly review, renamed from Elective Terminations to Pregnancy Terminations - Medical and Surgical
3/1/09	12/9/08	12/9/08	Routine maintenance
1/1/12	10/11/11	10/25/11	Routine maintenance
3/1/14	4/8/14	4/16/14	Routine maintenance, updated to reflect Public Act 182 of 2013
1/1/16	10/13/15	10/22/15	Routine maintenance
1/1/17	10/11/16	10/12/16	Routine maintenance Updates to: <ul style="list-style-type: none"> <li>• Description/Background</li> <li>• Regulatory Status</li> <li>• Inclusions</li> <li>• Exclusions changed to Contraindications for Mifeprex</li> <li>• Rationale</li> <li>• References</li> <li>• No change in policy position</li> </ul>
1/1/18	10/19/17	10/26/17	Routine maintenance
1/1/19	10/16/18	10/18/18	Routine maintenance
1/1/20	10/15/19		Routine maintenance
1/1/21	10/20/20		Routine maintenance. No change in policy status.
1/1/22	10/19/21		Routine maintenance. No change in policy status.
1/1/23	10/18/22		Routine maintenance. No change in policy status. Under Contraindications

			for Mifeprex used in Medical Abortions - Updated Mifeprex the brand name to mifepristone as the entire policy uses mifepristone. (ky)
1/1/24	10/17/23		Routine maintenance. No change in policy status. Vendor: NA (ky)
1/1/25	10/15/24		<ul style="list-style-type: none"> <li>• Routine maintenance</li> <li>• Policy rewritten due to Roe v Wade overturned.</li> <li>• Code 59100 should be under both covered and covered only based on plan depending on the clinical scenario. This code added to covered ONLY based on plan design.</li> <li>• Code 59866 deleted from covered and moved to covered ONLY based on plan design.</li> <li>• Vendor: N/A (ky)</li> </ul> <p>Post JUMP</p> <ul style="list-style-type: none"> <li>• Added “or less” and removed “up to” under the first bullet under Inclusionary Guidelines under Additional criteria specific for Medical Abortions for further clarification. Must be 70 days or less from the first day of the last menstrual period.</li> <li>• Removed the below reference as we removed the language from the organization from the policy. National Abortion Federation, 2024 Clinical Policy Guidelines. (ky)</li> </ul>

Next Review Date: 4<sup>th</sup> Qtr. 2025

**Pre-Consolidation Medical Policy History**

Original Policy Date	Comments
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BCN: 6/12/97	Revised: 11/02/00
BCBSM: 1/29/01	Revised: N/A



**BLUE CARE NETWORK BENEFIT COVERAGE**  
**POLICY: PREGNANCY TERMINATIONS - MEDICAL AND SURGICAL**

**I. Coverage Determination:**

<b>Commercial HMO (includes Self-Funded groups unless otherwise specified)</b>	Covered with opt-in rider; policy criteria apply.
<b>BCNA (Medicare Advantage)</b>	See Government Regulations section. If there is no NCD or LCD, medical policy criteria apply.
<b>BCN65 (Medicare Complementary)</b>	Coinsurance covered if primary Medicare covers the service. Please refer to the Medicare section of this policy.

**II. Administrative Guidelines:**

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.