Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

***Current Policy Effective Date: 1/1/22**
(See policy history boxes for previous effective dates)

Title: Pregnancy Terminations - Medical and Surgical

Description/Background

The majority of abortions in 2015 took place early in gestation: 91.1% of abortions were performed at ≤13 weeks' gestation; a smaller number of abortions (7.6%) were performed at 14–20 weeks' gestation, and even fewer (1.3%) were performed at ≥21 weeks' gestation.[1]

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
A medical abortion can be done up to 70 days from the first day of the last menstrual period. The patient must visit their health provider three times and take two sets of drugs. During the first visit, the woman takes the first part of the determined regimen. At the second visit two days later, she takes the second drug which causes contractions. Both medications cause vaginal bleeding. The third visit, or follow-up, is conducted within 14 days of the first visit. The woman is examined to make sure the abortion is complete. 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.

- When mifepristone and vaginal, buccal, or sublingual misoprostol are used, the regimen is recommended for gestation up to 70 days.

- When mifepristone and oral misoprostol are used, the regimen is recommended for gestation up to 56 days.
- A regimen of misoprostol alone may be used by vaginal, buccal, or sublingual routes for gestation up to 63 days.
- When methotrexate and vaginal, buccal, or sublingual misoprostol are used, the regimen is recommended for gestation up to 63 days.

Surgical Abortion
Uterine Aspiration
Uterine aspiration is vacuuming or using suction to remove uterine contents through the cervix. It is used up to 12 weeks from the last menstrual period. 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 drugs. These drugs can be taken orally, inserted into the vagina, injected into the uterus 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 saline or oxytocin are used as well.

A therapeutic abortion, also known as an induced abortion, is an abortion that is performed intentionally for medical reasons. An abortion is either elective by any means mentioned above or spontaneous where the woman aborts naturally for unknown causes.

Regulatory Status

Public Act 182 of 2013 Insurance Opt Out Act
Elective abortion means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Elective abortion does not include any of the following:

- The use or prescription of a drug or device intended as a contraceptive.
- The intentional use of an instrument, drug or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's

reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.
- Treatment upon a pregnant woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy.

Medical Policy Statement

Pregnancy termination is considered an established procedure when accepted medical practice guidelines are met.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Coverage of elective abortions, both medically and surgically induced, are considered an exclusion unless the benefit is offered through an optional rider.

Inclusions:
- Confirmation of pregnancy must be documented.
- Gestational age must be verified.
- All legal requirements have been fulfilled. (For example, documents required by current Michigan law must be provided to the woman seeking an abortion at least 24 hours prior to the abortion procedure.)
- The patient must be instructed about the importance of follow-up within 14 days to confirm the abortion is complete.
- Provider must include information regarding emergency contacts on a 24-hour basis in case of complications such as heavy bleeding, pain, infection.

The administration of medications to induce abortion must follow specific guidelines set by the National Abortion Federation (the professional association of abortion providers in the United States and Canada).

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.

- When mifepristone and vaginal, buccal, or sublingual misoprostol are used, the regimen is recommended for gestation up to 70 days.
- When mifepristone and oral misoprostol are used, the regimen is recommended for gestation up to 56 days.
- A regimen of misoprostol alone may be used by vaginal, buccal, or sublingual routes for gestation up to 63 days.
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Contraindications for Mifeprex used in Medical Abortions:
- Confirmed/suspected ectopic pregnancy

- Undiagnosed adnexal mass
- Chronic adrenal failure
- Concurrent long-term corticosteroid therapy
- History of allergy to mifepristone, misoprostol, or other prostaglandins
- Hemorrhagic disorders or concurrent anticoagulant therapy
- Inherited porphyria
- Intrauterine device (IUD) in place

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.)*

Medically necessary (when paired with one of the medically necessary diagnosis codes):

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

Elective or voluntary (when not paired with one of the medically necessary diagnosis codes):

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

Rationale

Abortion is a procedure that has been legalized since 1973. The earlier in a pregnancy an abortion is performed the lower the risk. There tends to be fewer complications from an early abortion. For later abortions, the risk increases.

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.)

Related Policies

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

References

1. CDCs Abortion Surveillance System FAQs, November 2019. Available at: https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm Accessed August 2021.
2. National Abortion Federation, 2018 Clinical Policy Guidelines, available at https://5aa1b2xfmfh2e2mk03kk8rsx-wpengine.netdna-ssl.com/wp-content/uploads/2018_CPGs.pdf Accessed August 2021.
3. Borgatta, L., et al., "Early Medical Abortion with Methotrexate and Misoprostol," *Obstetrics and Gynecology,* 2001, Vol. 97, No. 1, pp. 11-16.
4. Centers for Medicare and Medicaid, *Medicare Coverage Database,* 140.1 - National Coverage Determination for Abortion, Effective Date 6/19/06.
5. Abortion Insurance Opt-Out Act, Michigan Public Act 182, 2013.
6. U.S. Food and Drug Administration, "Mifeprex Information", FDA-Approved Regimen (2016), page updated 2/5/18 Available online at http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm. Accessed August 2021.
7. American College of Obstetricians and Gynecologists (ACOG), Practice Bulletin. "Medical Management of First-Trimester Abortion". No.143, March 2014, reaffirmed 2016. Available online at: http://www.acog.org/~/media/Practice%20Bulletins/Committee%20on%20Practice%20Bulletins%20--%20Gynecology/Public/pb143.pdf?dmc=1&ts=20140703T1932230602. Accessed August 2021.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through August 2021, 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: • Description/Background • Regulatory Status • Inclusions • Exclusions changed to Contraindications for Mifeprex • Rationale • References • No change in policy position
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.

Next Review Date: 4th Qtr. 2022

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
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:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered with opt–in rider; policy criteria apply.
BCNA (Medicare Advantage)	See Government Regulations section. If there is no NCD or LCD, medical policy criteria apply.
BCN65 (Medicare Complementary)	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.