

# U of M – Pregnancy terminations, medical and surgical

Applies to:

- BCN Advantage Individual     BCN Advantage Group     Both

**BCN Advantage HMO<sup>SM</sup>**  
**BCN Advantage HMO-POS<sup>SM</sup>**



**Blue Care  
Network  
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

## Pregnancy terminations - medical and surgical

Pregnancy termination is the removal of pregnancy tissue, products of conception or the fetus and placenta (afterbirth) from the uterus. In general, the terms fetus and placenta are used after eight weeks of pregnancy.

## Original Medicare

Original Medicare provides coverage for pregnancy terminations if:

- The pregnancy is the result of an act of rape or incest.
- 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.

## BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for pregnancy terminations - medical and surgical is provided to members under the University of Michigan BCN Advantage group plan. Since Original Medicare limits coverage of pregnancy terminations - medical and surgical, the group determines the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing. This policy includes medical abortion, surgical abortion and labor-inducing abortion.

Coverage guidelines:

- 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).

# Blue Care Network of Michigan

[bcbsm.com/providers](https://bcbsm.com/providers)

## Conditions for payment

The table below specifies payment conditions for pregnancy terminations - medical and surgical.

Conditions for payment	
Eligible provider	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	No restrictions
CPT/HCPCS codes	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 <b>Note:</b> For medically necessary pregnancy terminations, please reference Original Medicare guidance.
Diagnosis restrictions	No restrictions
Age restrictions	

## Reimbursement

To find BCN Advantage plan's maximum payment amount for pregnancy terminations - medical and surgical, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The BCN Advantage maximum payment amount for medically necessary pregnancy terminations is consistent with Original Medicare. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

## Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the item or service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- Members who elect to receive a noncovered item or service are responsible for the entire charge associated with that item or service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Care Network before providing the item or service to the member. If a provider issues a noncovered item or service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

## Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage 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. Use electronic billing:
  - a. **Michigan providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at [bcbsm.com/providers/help/edi/](https://bcbsm.com/providers/help/edi/).
  - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan providers through the Blue Cross and Blue

Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims  
Blue Care Network  
P.O. Box 68753  
Grand Rapids, MI 49516-8753

## **Revision history**

Policy number: BCNA

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Revised: