



## Clinical Medical Policy Termination of Pregnancy

### **Benefit Coverage:**

Covered benefit with conditional criteria that must be met.

### **Description:**

Termination of pregnancy is defined as the elective elimination of a pregnancy.

### **Coverage Determination:**

Neighborhood Health Plan of Rhode Island covers pregnancy terminations in accordance with guidelines mandated by the Rhode Island Department of Human Services and the federal government. These stipulate that Medicaid funding may only be used for termination of pregnancy resulting from rape, incest, or for terminations performed as a result of life threatening conditions of the mother.

The member's Primary Care Practitioner, Gynecologist, or Obstetrician/Gynecologist must submit a request for medical necessity review. The treating practitioner must provide a signed statement that the pregnancy resulted from an act of rape or incest. Neighborhood's form, available on our website, *Physician Certification Form for Termination of Pregnancy*, must be completed in order to request authorization.

When the termination is being performed due to a life threatening condition of the mother, the treating practitioner must also submit written documentation as to the impact of the pregnancy on the mother's condition.

### **Criteria:**

Approval of termination of pregnancy is a clinical option for patients less than twenty-two (22) weeks pregnant who meet one of the following criteria:

1. Pregnancy as a result of rape or incest
2. To preserve the life of the mother

### **Covered Procedures:**

**CMP Number:** CMP-013.02

**CMP Cross Reference:**

**References:** Public Law 102-112, Hyde Amendment

### **Created:**

**Annual Review Month:**

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