

## Application

Application of this Medical Policy applies to:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Application Excluded for:
Extended Family Planning (EFP)

## Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

## Description

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

**Coverage Determination** for MEDICAID, COMMERCIAL (plans Innovation, Community, Plus, Edge, Premier, Premier Elite, Prime, Prime Elite, Standard, and Choice), INTEGRITY for Duals, & Duals CONNECT lines of business only – **No authorization required**

**Coverage Determination for COMMERCIAL** plans Value, Essential, and Economy 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 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:

- Pregnancy as a result of rape or incest, **OR**
- To preserve the life of the mother when the pregnancy threatens her with mortality risks.

### References:

To amend title XIX of the Social Security Act to audit States to determine if such States used Medicaid funds in violation of the Hyde Amendment and other Federal prohibitions on funding for abortions, and for other purposes. Accessed 5/7/18 <https://www.congress.gov/bill/114th-congress/house-bill/610/all-info> Public Law 102-112, Hyde Amendment

### Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

**Covered Codes:** For information on coding, please reference the [Authorization Quick Reference Guide](#).

**CMP Cross**

**Reference:**

**Created:**

May

**Annual Review**

June

**Month:**

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7/07/09, 5/08/12, 5/21/13, 5/20/2014, 5/19/2015, 5/4/16,  
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**Medical Director**

**Approval Dates:**

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**Effective Dates:**

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6/5/19, 6/3/20, 6/9/21, 6/15/22, 5/18/23, 6/7/23, 8/14/24,  
8/20/25, 10/8/25

**Neighborhood reviews clinical medical policies on an annual basis.**

**Disclaimer:**

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.