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),
Application Excluded for:
INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP), 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 payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

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

This policy addresses coverage of elective terminations of pregnancy (as known as elective abortions), pursuant to relevant state and federal law, and state Medicaid and Centers for Medicare and Medicaid Services (CMS) guidelines.

The American College of Obstetricians & Gynecologists (ACOG), the term "viable" is used to indicate the chance for survival that a fetus has if delivered before it can fully develop in the uterus. Rates of neonatal survival to discharge at this time range from:

- 5-6% for births before 23 weeks
- 23% to 27% for births at 23 weeks.
- 42% to 59% for births at 24 weeks.
- 67% to 76% for births at 25 weeks of gestation.

Fetal viability depends on many complex factors, of which gestational age is only one. While gestational age may be helpful in predicting the possible chance that the fetus would survive at time of delivery, many other factors also influence viability, such as sex, genetics, weight, circumstances

around delivery, and availability of a neonatal intensivist health care professional. Even with all available factors considered, it still isn't possible to definitively predict survival.

Provision of abortion procedures for the treatment of spontaneous abortions/miscarriages, or for incomplete, missed, or septic abortions are considered to be medically necessary and are not subject to the requirements of this policy. Please see definitions.

Definitions

Abortion, incomplete	The expulsion of some products of conception with the remainder evacuated surgically.
Abortion, missed	An empty gestational sac, blighted ovum, or a fetus or fetal pole without a heartbeat prior to completion of 20 weeks 0 days gestation.
Abortion, septic	The withdraw of the products of contraception complicated by a uterine infection.
Abortion, spontaneous (also known as a miscarriage or early pregnancy loss)	A nonviable, intrauterine pregnancy with either an empty gestational sac or a gestational sac containing an embryo or fetus without fetal heart activity within the first 12 weeks and 6 days of gestation.
Fetal viability	The stage of gestation where the attending physician, taking into account the particular facts of the case, has determined that there is a reasonable likelihood of the fetus' sustained survival outside of the womb with or without artificial support.
Termination of Pregnancy	Administering to an individual assigned female at birth, that is known to be pregnant, any medicine, drug, substance, or thing whatever, or the employment upon her of any instrument or means whatever, with intent to terminate a pregnancy. This does not include the administering of any medicine, drug, substance, or thing or the employment of any instrument or means for the purpose of completing an incomplete, spontaneous miscarriage.

Coverage Determination

Prior Authorization IS Required
Except in the performance of abortion in the treatment of an emergency medical condition, the provider is required to obtain prior authorization.

In accordance with guidelines mandated by the Rhode Island Department of Human Services and the federal government, federal funding may only be used to cover pregnancy terminations resulting from rape, incest, or for terminations performed as a result of life-threatening conditions of the pregnant individual.

The treating practitioner must provide a signed attestation of compliance with the member's applicable circumstances permitted by law using Neighborhood's Termination of Pregnancy Prior Authorization form, available on our website.

This guidance applies to the following plans:

- **INTEGRITY for Duals (FIDE) and Dual CONNECT (CO-DSNP):** Prior authorization is required if the services are not billed with the G7 modifier and must meet the criteria with Medicare's National Coverage Determination (NCD) 140.1: Abortion. Do not apply the requirements in the *Criteria* section of this policy.

- **COMMERCIAL INDIVIDUAL & FAMILY PLANS:** See the *Criteria* section of this policy for medical necessity guidelines.

2026 Plan Name	2027 Plan Name	Plan ID
PRIMARY 4750/9500	PRIMARY 5500/11000	10001-00
PRIMARY 4750/9500	PRIMARY 5500/11000	10001-01
PRIMARY 4750/9500	PRIMARY 5500/11000	10001-03
PRIMARY CSR73 4250/8500	PRIMARY CSR73 4950/9900	10001-04
PRIMARY CSR87 1250/2500	PRIMARY CSR87 1400/2800	10001-05
PRIMARY CSR94 0/0	PRIMARY CSR94 0/0	10001-06
SELECT 6900/13800 HSA	SELECT 7600/15200 HSA	10004-00
SELECT 6900/13800 HSA	SELECT 7600/15200 HSA	10004-01
SELECT 0/0	SELECT 0/0	10004-02
SELECT 6900/13800	SELECT 7600/15200 HSA	10004-03
PLUS 2650/5300	PLUS 2750/5500	10005-00
PLUS 2650/5300	PLUS 2750/5500	10005-01
PLUS 2650/5300	PLUS 2750/5500	10005-03
PRIMARY 4750/9500	PRIMARY 5500/11000	10012-00
SELECT 6900/13800 HSA	SELECT 7600/15200 HSA	10014-00
PLUS 2650/5300	PLUS 2750/5500	10015-00
PRIMARY 4750/9500	PRIMARY 5500/11000	10019-00

Prior Authorization is NOT Required

In accordance with Rhode Island's Equality in Abortion Coverage Act (EACA) (2023-S 0032, 2023-H 5006), **prior authorization is not required** for pregnancy termination services. Additionally, coverage of these services is not contingent upon the pregnancy resulting from rape or incest, nor does it require a determination that the pregnancy poses a life-threatening risk to the pregnant individual. This guidance applies to the following plans:

- **MEDICAID**
  - ✓ RIte Care (MED)
  - ✓ Rhody Health Partners (RHP)
  - ✓ Rhody Health Expansion (RHE)
  - ✓ Children with Special Health Care Needs (CSN)
  - ✓ Substitute Care (SUB)

- **COMMERCIAL INDIVIDUAL & FAMILY PLANS**

2026 Plan Name	2027 Plan Name	Plan ID
PRIMARY 3850/7700 HSA	PRIMARY 3950/7900 HSA	10002-00
PRIMARY 3850/7700 HSA	PRIMARY 3950/7900 HSA	10002-01
PRIMARY 3850/7700	PRIMARY 3950/7900	10002-03
PRIMARY CSR73 3475/6950	PRIMARY CSR73 3675/7350	10002-04
PRIMARY CSR87 900/1800	PRIMARY CSR87 900/1800	10002-05
PRIMARY CSR94 0/0	PRIMARY CSR94 0/0	10002-06
SELECT 7100/14200 HSA	SELECT 8000/16000 HSA	10006-00
SELECT 7100/14200 HSA	SELECT 8000/16000 HSA	10006-01
SELECT 0/0	SELECT 0/0	10006-02
SELECT 7100/14200	SELECT 8000/16000	10006-03
PLUS 1375/2750	PLUS 1600/3200	10010-00
PLUS 1375/2750	PLUS 1600/3200	10010-01
PLUS 1375/2750	PLUS 1600/3200	10010-03
PRIMARY 4750/9500	PRIMARY 5500/11000	10011-00
PRIMARY 4750/9500	PRIMARY 5500/11000	10011-01
PRIMARY 4750/9500	PRIMARY 5500/11000	10011-03
PRIMARY CSR73 4250/8500	PRIMARY CSR73 4950/9900	10011-04
PRIMARY CSR87 1250/2500	PRIMARY CSR87 1400/2800	10011-05
PRIMARY CSR94 0/0	PRIMARY CSR94 0/0	10011-06
PRIMARY 3850/7700 HSA	PRIMARY 3950/7900 HSA	10013-00
SELECT 7100/14200 HSA	SELECT 8000/16000 HSA	10016-00
PLUS 1375/2750	PLUS 1600/3200	10017-00
PRIMARY 4750/9500	PRIMARY 5500/11000	10018-00
PRIMARY 3850/7700 HSA	PRIMARY 3950/7900 HSA	10020-00
PRIMARY 4750/9500	PRIMARY 5500/11000	10021-00
PLUS 2550/5100 HSA	PLUS 2800/5600 HSA	10022-00
PLUS 2550/5100 HSA	PLUS 2800/5600 HSA	10023-00
PLUS 2625/5250	PLUS 3025/6050	10024-00
PLUS 2625/5250	PLUS 3025/6050	10025-00
DELUXE 500/1000	DELUXE 850/1700	10026-00
DELUXE 500/1000	DELUXE 850/1700	10027-00
PLUS POS 2625/5250	PLUS POS 3025/6050	40001-00

PLUS POS 2625/5250	PLUS POS 3025/6050	40002-00
DELUXE POS 500/1000	DELUXE POS 850/1700	40003-00
DELUXE POS 500/1000	DELUXE POS 850/1700	40004-00

- **COMMERCIAL SMALL BUSINESS PLANS**

Plan Name	Plan ID	Plan Name	Plan ID	Plan Name	Plan ID
STANDARD	20003-00	PREMIER	20010-00	PRIME Elite	30002-00
	20007-00		20009-00		30001-00
	20003-01		20010-01		30002-01
CHOICE	20001-00	PRIME	20004-00	PEAK	20014-00
	20005-00		20008-00		20013-00
	20001-01		20004-01		20014-01
EDGE	20012-00	PREMIER Elite	30004-00	PEAK Elite	30006-00
	20011-00		30003-00		30005-00
	20012-01		30004-01		30006-01

Criteria

Termination of pregnancy may be covered when:

1. The request is submitted by the member's Primary Care Practitioner (PCP), Gynecologist (GYN), or Obstetrician/Gynecologist (OB/GYN); **AND**
2. The pregnant individual has provided written informed consent in accordance with Rhode Island General Laws, *Chapter 4.7: Informed Consent for Abortion*.
    a. For Adults (18 years old and above) and legally emancipated minors: The pregnant individual must consent.
    b. For Minors (below 18 years old): The pregnant individual must consent **and** a parent, legal guardian, or judge must consent.

    AND
3. The provider performing the procedure certifies:
    a. Both i and ii are true:
        i. The procedure will be completed prior to fetal viability; **AND**
        ii. The pregnancy is a result of rape or incest.

    OR

    b. In the case where the pregnant individual 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 pregnant individual in danger of death unless an abortion is performed.

References:

- Code of Federal Regulations (CFR) Subpart E- Abortions §441.200- §441.208
- U.S. Congress. *Hyde Amendment*. Federal appropriations rider restricting the use of federal funds for abortion services. First enacted in 1976 and subsequently renewed through annual appropriations legislation. Accessed September 22, 2026. https://www.congress.gov/bill/113th-congress/senate-bill/142/text
- Rhode Island General Assembly. *H.5006, An Act Relating to State Affairs and Government: Health Care for Children and Pregnant Women: Equality in Abortion Coverage*. Introduced January 6, 2023. Accessed September 22, 2026. https://webserver.rilegislature.gov/BillText/BillText23/HouseText23/H5006.pdf
- Rhode Island General Laws. *Chapter 4.7: Informed Consent for Abortion*. Title 23, Health and Safety. Accessed September 22, 2026. https://webserver.rilegislature.gov/Statutes/TITLE23/23-4.7/INDEX.htm
- Rhode Island General Laws. § 23-4.13-2, *Noninterference in Reproductive Health Care*. Reproductive Privacy Act. Enacted 2019. Accessed September 22, 2026. https://webserver.rilegislature.gov/Statutes/TITLE23/23-4.13/23-4.13-2.htm
- American College of Obstetricians and Gynecologists. *Understanding and Navigating Viability*. Accessed September 22, 2026. https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability
- American College of Obstetricians and Gynecologists. *Billing for Interruption of Pregnancy: Early Pregnancy Loss*. Accessed September 22, 2026. https://www.acog.org/practice-management/coding/coding-library/billing-for-interruption-of-early-pregnancy-loss

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at 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 2002**
Annual Review Month:	**June**
Review Dates:	7/07/09, 5/08/12, 5/21/13, 5/20/2014, 5/19/2015, 5/4/16, 5/17/17, 5/14/18, 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, 08/19/26, 10/14/26
Revision Dates:	3/02/07, 7/06/10, 5/18/23, 6/7/23, 8/14/24, 8/20/25, 08/19/26, 10/14/26
UMC Review Date:	9/01/02, 7/12/07, 7/09, 7/13/10, 5/10/11, 5/08/12, 5/21/13, 5/20/2014, 5/19/2015, 5/17/16, 5/23/17, 5/22/18, 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, 08/19/26, 10/14/26
Medical Director Approval Dates:	9/01/02, 7/12/07, 7/09, 7/13/10, 5/11/11, 10/02/12, 4/13, 6/20/2014, 6/8/2015, 5/25/2016, 6/7/17, 6/12/18, 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, 08/19/26, 10/14/26
Effective Dates:	9/01/02, 7/12/07, 7/09, 7/13/10, 5/11/11, 10/02/12, 6/4/13, 6/20/2014, 6/8/2015, 5/31/2016, 7/1/2016, 6/12/17, 6/12/18, 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, 08/19/26, 10/14/26

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.