

Benefit Coverage:

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), RItE Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP)

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:

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

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org.

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

For More information on Coding please reference the [Authorization Quick Reference Guide](#)

CMP Cross Reference:

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Medical Director Approval 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, 5/25/2016, 6/7/17, 6/12/18
Effective Dates:	6/20/2014, 6/8/2015, 5/31/2016, 7/1/2016, 6/12/17, 6/12/18

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. 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.

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