

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	ABORTIONS (PREGNANCY TERMINATION)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses termination of pregnancy, spontaneous abortions, and selective fetal reductions.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p><b>Essential Health Benefits for Individual and Small Group (Only for Washington)</b></p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <p><b>Note:</b> Please review the below State Mandated Regulations to identify elective abortions coverage.</p> <div data-bbox="479 1654 1312 1692" style="border: 1px solid black; padding: 2px;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note:</b> The most current federal/state mandated regulations for each state can be found in the links below.</p>

**CALIFORNIA:**

[CA HSC, Division 106, Part 2., Chapter 2., Article 2.5., Reproductive Privacy Act](#)

[CA HSC, Division 106., Part 2., Chapter 2., Article 2. Abortion](#)

[2016 AB 1954 is referred to as the Direct Access to Reproductive Health Care Act.](#)

**FLORIDA:**

Fla. Stat. § [627.64995](#), enacted 6/2/11

**KENTUCKY:**

Ky. Rev. Stat. § [304.5-160](#), effective 7/13/1984

**MICHIGAN:**

Mich. Comp. Laws § [550.541 et seq.](#) enacted 12/12/13  
[2014 Mich. Pub. Acts, Act 182](#)

**MISSISSIPPI:**

2010 Miss. Laws, [Chap.563](#), enacted 6/1/10  
[Senate Bill 3214](#)

**OHIO:**

Ohio Rev. Code § [3901.87](#), enacted 12/21/11  
[House Bill 79](#)

**SOUTH CAROLINA:**

2012 S.C. Acts, [Act 202](#), enacted 6/7/12  
[Senate Bill 102](#)

[SECTION 38-71-238.](#) Abortion coverage prohibitions; exceptions.

**TEXAS:**

[Sec. 1369.104: Exclusion or Limitation Prohibited.](#)

[Chapter 1218. Coverage For Elective Abortion; Prohibitions And Requirements](#)  
[Sec.1218.001. Definition.](#)

[TIC Chapter 1696:](#) Coverage of Elective Abortion; Prohibition and Requirements

**UTAH:**

Utah Code § 31A 22-726, enacted 3/23/11  
[House Bill 354](#)

**WASHINGTON:**

[WAC 284-170-350](#)

**NOTES:**

Findings—Declarations—[2018 c 119 § 1.](#)

RCW [48.43.073](#)

**WISCONSIN:**

2011 Wis. Laws, [Act 218](#), enacted 4/6/12  
[S. 253.10 \(2\) \(a\).](#) ([Senate Bill 92](#))

**B. STATE MARKET PLAN ENHANCEMENTS**

**ELECTIVE ABORTIONS**

**CALIFORNIA, ILLINOIS & WASHINGTON:**

Elective abortions and selective fetal reductions are covered as part of the Women's Health Care Law. Women may self-refer to any Molina Healthcare contracted women's health care provider for professional services; however, they are not covered for the member's dependent children. Refer to the member's EOC/SOB.

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**PREGNANCY TERMINATION**

**CALIFORNIA:**

Molina covers pregnancy termination services subject to certain coverage restrictions required by the Affordable Care Act and by any applicable California laws. Office-based procedures do not require Prior Authorization. If the pregnancy termination service will be provided in an inpatient setting or

outpatient hospital, Prior Authorization is required. Office visit, outpatient surgery or inpatient Cost Sharing applies, depending on place of service.

Keep in mind that some hospitals and providers may not provide pregnancy termination services.

**FLORIDA:**

**Pregnancy Termination:** Molina covers pregnancy termination services to the extent required by the Affordable Care Act, federal law, and by any State Law:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**IDAHO:**

**Pregnancy Termination:** Pregnancy termination, to the extent permitted by State Law and Federal law, is only covered:

- When the life of the mother is endangered by a physical disorder, physical illness, or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an alleged act of rape or incest.

**Note:** Pregnancy termination services that are office-based procedures do not require Prior Authorization. Pregnancy termination services that are provided in an inpatient or outpatient Hospital setting require Prior Authorization.

**ILLINOIS:**

**Pregnancy Termination:** Molina covers pregnancy termination services to the extent required by the Affordable Care Act, federal law, and by any State Law:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an alleged act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**KENTUCKY:**

**Pregnancy Termination:** Passport covers pregnancy termination services only to the extent required by the Affordable Care Act, federal law, and by any State law. Passport does not cover an elective abortion. Elective abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an alleged act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**MICHIGAN:**

Molina covers pregnancy termination services to the extent required by the Affordable Care Act, federal law and by any State Law:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization. Pregnancy termination services are office-based procedures and do not require Prior Authorization.

**MISSISSIPPI:**

**Pregnancy Termination:** Molina covers pregnancy termination services to the extent required by the Affordable Care Act, federal law, and by any State Law:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an alleged act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**NEW MEXICO:**

**Pregnancy Termination:** Molina covers pregnancy termination services to the extent required by the Affordable Care Act, Federal Law, and by any State Law:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an alleged act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**OHIO:**

**Pregnancy Termination:** Molina covers both therapeutic and non-therapeutic pregnancy terminations, to the extent required by the Affordable Care Act, federal law, and by any State Law. A therapeutic pregnancy termination is performed to save the life or health of the mother, or as a result of incest or rape.

Pregnancy termination services that are provided in an inpatient or outpatient Hospital setting require Prior Authorization.

Pregnancy termination services, when performed in the office, do not require Prior Authorization.

**SOUTH CAROLINA:**

**Pregnancy Termination:** Pregnancy termination, to the extent permitted by State Law and Federal law is only covered when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused or arising from the pregnancy, or when the pregnancy is the result of rape or incest.

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**TEXAS:**

**Pregnancy Termination:** Molina covers pregnancy termination services to the extent required by the Affordable Care Act, federal law, and by any State Law which are limited to medical emergencies. Medical emergency as related to pregnancy termination is a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed.

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization. Condoms for male use are excluded under the Affordable Care Act and are not covered under this Agreement.

**UTAH:**

Pregnancy termination, to the extent permitted by State Law and Federal law is only covered:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization. Pregnancy termination services are office-based procedures and do not require Prior Authorization.

**WASHINGTON:**

**Pregnancy Termination:** Molina covers pregnancy termination services as required by the Affordable Care Act and by any applicable laws in the State of Washington. Pregnancy termination services are office-based procedures and do not require Prior Authorization. If pregnancy termination services will be provided in an inpatient setting or outpatient hospital Prior Authorization is required. Please refer to the Schedule of Benefits for applicable Member Cost Sharing.

**WISCONSIN:**

**Pregnancy Termination:** Molina covers pregnancy termination services to the extent required by the Affordable Care Act, federal law, and by any State Law:

- When the life of the mother is endangered by a physical disorder, physical illness or physical injury
- There is a life-endangering physical condition caused by, or arising from, the pregnancy itself
- When the pregnancy is the result of an alleged act of rape or incest

**Note:** Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

**All STATES:**

Pregnancy termination services that are provided in an inpatient or outpatient hospital setting require Prior Authorization.

### **MORE INFORMATION**

Please refer to the Schedule of Benefits for applicable Member Cost-Sharing.

**Keep in mind that some hospitals and providers may not provide pregnancy termination services.**

#### **D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### **ELECTIVE ABORTIONS**

#### **ALL STATES EXCEPT CALIFORNIA, ILLINOIS, AND WASHINGTON:**

Elective abortions are not covered.

#### **TEXAS:**

**Pregnancy Termination:** Elective abortions are not covered. Only abortions due to a medical emergency as defined by section 171.002 of the Texas Health and Safety Code, are covered.

#### **E. DEFINITIONS**

[See Glossary](#)

#### **F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul>
6/28/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul>
	<ul style="list-style-type: none"> <li></li> </ul>



<b>Procedure Codes (Internal Use Only)</b>	<p><a href="#">BI Policy Configuration Abortions</a></p> <p><b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT<sup>®</sup>), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>															
<b>Prior Authorization</b>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ol> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>															
<b>Approval</b>	<table border="1"> <thead> <tr> <th>Departments</th> <th>Product</th> <th>CIM</th> <th>Clinical Management</th> </tr> </thead> <tbody> <tr> <td>Date (Initial)</td> <td>12/22/2020</td> <td>12/4/2020</td> <td>3/16/2021</td> </tr> <tr> <td>Revised (for 1/1/2022)</td> <td>10/21/2021</td> <td>2/25/2022</td> <td>10/20/2021</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date (Initial)	12/22/2020	12/4/2020	3/16/2021	Revised (for 1/1/2022)	10/21/2021	2/25/2022	10/20/2021			
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