Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan (EP) members. Please note, this information is specific to the MMC, HARP, CHPlus, and EP programs only.

Reimbursement Policy
Abortion (Termination of Pregnancy)

Policy Number: **G-06057**
Policy Section: **Surgery**
Last Approval Date: **06/08/2026**
Effective Date: **06/08/2026**

Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://providerpublic.mybcbswny.com**.

Policy
The health plan allows reimbursement of induced abortions unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate.

Informed consent is not needed for the treatment of incomplete, missed, or septic abortions. These procedures are not considered induced or elective abortions and are allowed under the criteria of medical necessity.

Related Coding
Standard correct coding applies.

Definitions
- **Abortion, Induced/Elective -** One resulting from measures taken to intentionally end a pregnancy, using medications (medical abortion) or instrumentation (surgery)
- **Abortion, Incomplete -** Part of the product of conception has been retained in the uterus
- **Abortion, Missed -** A dead, nonviable fetus and other products of conception are retained in the uterus for two or more months

Wellpoint Partnership Plan, LLC, an independent company, administers management services for Highmark Blue Cross Blue Shield's Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan (EP) products. Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.
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- **Abortion, Septic -** There is an infection of the product of conception and the endometrial lining of the uterus usually resulting from attempted interference during early pregnancy
- **Abortion, Spontaneous/Miscarriage -** Occurs when a natural cause ends a pregnancy prior to 20 weeks
- **Abortion, Threatened -** The appearance of signs and symptoms of possible loss of embryo
- **Stillborn -** Occurs when a natural cause ends a pregnancy after 20 weeks
- **Termination of Pregnancy -** Synonym for abortion
- **General Reimbursement Policy Definitions**

Related Policies and Materials

- Claims Requiring Additional Documentation
- Sterilization

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Code of Federal Regulations (CFR) Subpart E - Abortions §441.200-§441.208
- State contract
- State Medicaid

Policy History

- **06/08/2026 -** Review approved and effective: no changes
- **11/04/2024 -** Review approved and effective: no changes
- **06/29/2022 -** Review approved and effective
- **07/13/2020 -** Review approved and effective: updated language; updated Definitions section to add the words induced/elective for abortion definition
- **08/03/2018 -** Review approved 08/03/2018 and effective 04/15/2019
- **06/16/2016 -** Initial approval 06/16/2016 and effective 01/01/2017

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our

reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

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