



Termination of Pregnancy

Reimbursement Policy ID: RPC.0105.0900

Recent review date: 04/2026

Next review date: 06/2027

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

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

Exceptions

Provision of abortion procedures for the treatment of spontaneous abortions/miscarriages, or for incomplete, missed, or septic abortions are considered to be medically necessary. Please see definitions.

Reimbursement Guidelines

Abortion procedures may be eligible for reimbursement by AmeriHealth Caritas New Hampshire under the circumstances set out in this policy, and in accordance with applicable law and regulatory requirements.

AmeriHealth Caritas New Hampshire will reimburse when the provider performing the procedure certifies that:

- The pregnancy is a result of rape or incest; and/or
- The pregnancy would endanger the mother's life

Please refer to state manuals and plan guidelines for forms and/or prior auth requirements.

Definitions

Abortion, incomplete

Incomplete abortion, (also called missed or silent miscarriage) is one where the fetus has died or not developed but has not been physically miscarried.

Abortion, missed

Missed abortion occurs when a pregnancy stops developing, the embryo/fetus/embryonic tissue or empty gestation sac remains in the uterus and the cervical os is closed.

Abortion, septic

Septic abortion is a serious uterine infection during or shortly before or after a spontaneous or an induced abortion. Septic abortions usually result from use of nonsterile techniques for uterine evacuation after induced or spontaneous abortion.

Abortion spontaneous/miscarriage

Spontaneous abortion/miscarriage occurs when a natural cause ends the pregnancy before 20 weeks.

Abortion, threatened

Threatened abortion is vaginal bleeding and uterine cramping without cervical dilation in an otherwise viable pregnancy before 20 weeks of gestation.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (*ICD-10-CM*).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. Corresponding AmeriHealth Caritas New Hampshire Clinical Policies.
- VII. New Hampshire Medicaid Fee Schedule(s).
- VIII. Code of Federal Regulations (CFR) Subpart E- Abortions §441.200- §441.208

Attachments

N/A

Associated Policies

N/A

Policy History

04/2026	Reimbursement Policy Committee Approval
03/2026	Annual Review No major changes
08/2025	Reimbursement Policy Committee Approval
08/2025	Annual review No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
10/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template Revised - Revised preamble - Removal of Applicable Claim Types table - Coding section renamed to Reimbursement Guidelines - Added Associated Policies section