 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Abortion
	PRODUCT LINE:	All
	POLICY NUMBER:	001
	ORIGINAL POLICY EFFECTIVE DATE:	06/20/2006
	LAST REVISED DATE:	10/15/2022
	LAST REVIEWED DATE:	10/20/2024

POLICY: It is the policy of Group Health Cooperative of Eau Claire (the Cooperative) to handle requests for abortions in a manner consistent with state and federal regulations as well as member’s policy specifics.

PROCEDURE: Prior Authorization: Yes

Abortion requests for Medicaid members must be accompanied by the ForwardHealth Abortion Certification statement (Form F-1161) completed and signed by the physician requesting authorization:

Link to Form F-1161: www.dhs.wisconsin.gov/library/F-01161.htm


Coverage criteria:

In accordance with Wis. Stat. § [20.927](#), abortions are covered when one of the following situations exists:

1. The abortion is directly and medically necessary to save the life of the woman, provided that prior to the abortion the physician attests, based on their best clinical judgment, that the abortion meets this condition by signing a certification.
2. In a case of sexual assault or incest, provided that prior to the abortion the physician attests that sexual assault or incest has occurred, to their belief, by signing a written certification; the crime must also be reported to the law enforcement authorities.
3. Due to a medical condition existing prior to the abortion, provided that prior to the abortion the physician attests, based on their best clinical judgment, that the abortion meets the following condition by signing a certification that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman.

Associated codes:

- 59840 Induced abortion, by dilation and curettage
- 59841 Induced abortion, by dilation and evacuation
- 59850 Induced abortion, by one or more intra-amniotic injections; with delivery of fetus and secundines
- 59851 Induced abortion, by one or more intra-amniotic injections; with dilation and curettage and/or evacuation
- 59852 Induced abortion, by one or more intra-amniotic injections; delivery of fetus and secundines; with hysterotomy
- 59855 Induced abortion, by one or more intra-amniotic injections; with delivery of fetus and secundines
- 59856 Induced abortion, by one or more intra-amniotic injections; delivery of fetus and secundines; with dilation and curettage and/or evacuation
- 59857 Induced abortion, by one or more intra-amniotic injections; delivery of fetus and secundines; with hysterotomy

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Abortion
	PRODUCT LINE:	All
	POLICY NUMBER:	001
	ORIGINAL POLICY EFFECTIVE DATE:	06/20/2006
	LAST REVISED DATE:	10/15/2022
	LAST REVIEWED DATE:	10/20/2024

59866 Multifetal pregnancy reduction(s)

APPROVED: *Michele Bauer MD.*

DATE: 10/20/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02/18/2013	Carol E. Ebel, RN HM Mgr.	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/15/2015	Betsy Kelly, RN	Updated to remove Benchmark and Core Plan references, added coding and link to form F-1161.
01/08/2016	Betsy Kelly, RN	Reviewed with no changes.
04/25/2017	Michele Bauer, MD, CMO	Reviewed and reformatted.
02/21/2019	Michele Bauer, MD, CMO	Updated criteria
04/24/2020	Michele Bauer, MD, CMO	Reviewed and no updates
04/24/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
04/24/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
06/29/2022	Michele Bauer, MD, CMO	Reviewed. Updated medical necessity criteria based on Federal changes.
10/15/2022	Michele Bauer, MD, CMO	Updated coverage criteria based on ForwardHealth update.
10/15/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
10/20/2024	Michele Bauer, MD, CMO	Reviewed. No changes.