



MEDICAL COVERAGE GUIDELINES
SECTION: OB/GYN/REPRODUCTION

ORIGINAL EFFECTIVE DATE: 07/03/15
LAST REVIEW DATE: 10/16/18
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

ABORTION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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ABORTION (cont.)

Description:

Spontaneous Abortion:

Commonly referred to as miscarriage. The delivery or loss of the products of conception before the 20th week of pregnancy without induction or instrumentation. Fetal weight is approximately 500 grams.

Non-Spontaneous Abortion:

Medically-induced abortion. The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live born infant. A medically-induced abortion can be by surgical or non-surgical means.

Non-Viability:

To a reasonable degree of medical probability, the fetus **is not expected** to live longer than 30 days outside of the womb. A fetus is not considered non-viable for purposes of this provision if a pregnancy is terminated at a stage of pregnancy too early to determine viability.

Viability:

To a reasonable degree of medical probability, the fetus **is expected** to live longer than 30 days outside of the womb.

Fetal and/or Multi-Fetal Reduction:

Fetal and/or multi-fetal reduction is the selective first-trimester termination of a fetus or fetuses. Selective termination of an anomalous fetus in a multiple pregnancy is usually a second-trimester procedure.

Surgical Abortions:

Surgical abortions include vacuum aspiration, dilation & evacuation, dilation & extraction and induction.



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ABORTION (cont.)

Description: (cont.)

Non-Surgical Abortion:

Medications administered to induce abortion include:

Carboprost tromethamine (Hemabate®) Hemabate is a prostaglandin administered intramuscularly. Used between the 13th and 20th gestational week, as calculated from the beginning of last menstrual period.

Hemabate is administered by a healthcare provider.

Dinoprostone (Prostin E2®) Prostin E2 is a prostaglandin administered vaginally. Used between the 12th and 20th gestational week, as calculated from the beginning of last menstrual period

Prostin E2 is administered by a healthcare provider.

Methotrexate Methotrexate is an antimetabolite administered orally or as an injection. Used in combination with misoprostol to end an early pregnancy defined as 49 days (7 weeks) or less, as calculated from the beginning of last menstrual period.

Methotrexate is administered by a healthcare provider.

Mifepristone (Mifeprex®) Also known as RU-486. Mifeprex is an anti-progesterone administered orally. Indicated for use in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days (10 weeks) gestation, as calculated from the first day of last menstrual period.

Mifeprex is available only through a restricted risk evaluation and mitigation strategy (REMS) program. Only a prescriber certified in the Mifeprex REMS program can obtain and dispense Mifeprex.

Misoprostol (Cytotec®) Cytotec is a prostaglandin administered buccally, orally or vaginally. Cytotec can be used alone to induce abortion or as part of a regimen with mifepristone, for the medical termination of intrauterine pregnancy through 70 days (10 weeks) gestation, as calculated from the first day of last menstrual period.

Cytotec is administered or dispensed by a healthcare provider.



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ABORTION (cont.)

Criteria:

Abortion:

COVERAGE FOR ABORTION IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

- **If benefit coverage for abortion is available**, non-spontaneous, medically-induced abortion (by surgical or non-surgical means) of a fetus, including fetal and/or multi-fetal reductions is considered **eligible for coverage**.
- **If benefit coverage for abortion is available**, the following medications administered and/or dispensed in an office-based setting are considered **eligible for coverage** when given as part of a non-spontaneous, medically-induced abortion that is medically necessary and eligible for coverage:
 1. Carboprost tromethamine (Hemabate)
 2. Dinoprostone (Prostin E2)
 3. Methotrexate
 4. Mifepristone (Mifeprex)
 5. Misoprostol (Cytotec)
- **If benefit coverage for abortion is not available**, non-spontaneous, medically-induced abortion (by surgical or non-surgical means) of a fetus, including fetal and/or multi-fetal reductions is a **benefit plan exclusion** and **not eligible for coverage**.

Medically Necessary Abortion:

- Non-spontaneous, medically-induced abortion (by surgical or non-surgical means) of a fetus, including fetal and/or multi-fetal reductions is considered **medically necessary** and **eligible for coverage** when the treating physician certifies in writing **ANY** of the following:
 1. The abortion is necessary to save the life of the woman having the abortion.
 2. The abortion is necessary to avert substantial and irreversible impairment of a major bodily function of the woman having the abortion.
 3. The pregnancy is the result of rape or incest.
- Non-spontaneous, medically-induced abortion because the fetus is/will be non-viable is considered **medically necessary** and **eligible for coverage**. A fetus is not considered non-viable for purposes of this provision if a pregnancy is terminated at a stage of pregnancy too early to determine viability.



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ABORTION (cont.)

Criteria: (cont.)

- The following medications administered and/or dispensed in an office-based setting are considered **eligible for coverage** when given as part of a non-spontaneous, medically-induced-abortion that is medically necessary and eligible for coverage:
 1. Carboprost tromethamine (Hemabate)
 2. Dinoprostone (Prostin E2)
 3. Methotrexate
 4. Mifepristone (Mifeprex)
 5. Misoprostol (Cytotec)

Medically Necessary Abortion for Plans Receiving Public Funds or Tax Monies That Have Elected This Benefit Option:

- Non-spontaneous, medically-induced abortion is considered **medically necessary** and **eligible for coverage** when the treating physician certifies in writing that the abortion is medically necessary in order to save the life of the mother or to avert substantial and irreversible impairment of a major bodily function of the woman having the abortion.

Note: Notwithstanding any other law, public monies or tax monies of this state or any political subdivision of this state **SHALL** not be expended directly or indirectly to pay the costs, premiums or charges associated with a health insurance policy, contract or plan that provides coverage, benefits or services related to the performance of any abortion unless an abortion is necessary to either:

1. Save the life of the woman having the abortion
2. Avert substantial and irreversible impairment of a major bodily function

- The following medications administered and/or dispensed in an office-based setting are considered **eligible for coverage** when given as part of a non-spontaneous, medically-induced-abortion that is medically necessary and eligible for coverage:
 1. Carboprost tromethamine (Hemabate)
 2. Dinoprostone (Prostin E2)
 3. Methotrexate
 4. Mifepristone (Mifeprex)
 5. Misoprostol (Cytotec)

Abortion for Plans Specifically Excluding Abortion:

- Non-spontaneous, medically-induced abortion is a **benefit plan exclusion** and **not eligible for coverage**.



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Resources:

Literature reviewed 10/16/18. We do not include marketing materials, poster boards and non-published literature in our review.

1. American College of Obstetricians and Gynecologists. Committee Opinion; Perinatal & Infant Mortality Statistics. *Compendium of Selected Publications*. 12/1995; 2000 (167).
2. American College of Obstetricians and Gynecologists. Committee Opinion; Multi-Fetal Pregnancy Reduction & Selective Fetal Termination. 04/1991; 2000 (94).
3. American College of Obstetricians and Gynecologists. Induced Abortion Frequently Asked Questions. Accessed 05/01/2012.
4. American College of Obstetrics and Gynecologists. *Compendium of Selected Publications*. 2000.
5. Arizona Revised Statutes § 20-121. State health care exchange; abortion coverage; prohibition; exceptions. Accessed 10/23/2011; 05/08/2012; 04/27/2016; 04/17/2017.
6. Arizona Revised Statutes § 35-196.02. Use of Public Funds or Insurance for Abortion Prohibited; exception. Accessed 10/23/2011; 05/08/2012; 04/27/16; 04/17/2017.
7. Arizona Revised Statutes § 36-449.03. Abortion clinics; rules; civil penalties. Accessed 04/17/2017.
8. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.
9. Department of Health & Human Services. CMS Bulletin Addressing Enforcement of Section 1303 of the Patient Protection and Affordable Care Act. 10/06/2017.
10. External Consultant Review. Clinical Pharmacist. 01/31/2008.
11. National Guideline Clearinghouse. Medical Management of Abortion. 12/17/2010.
12. Stubblefield PG, Carr-Ellis S, Borgatta L. Methods for induced abortion. *Obstet Gynecol*. Jul 2004;104(1):174-185.
13. The Merck Manual. 17th Edition. 1999.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkídkgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkídkgo beehaz'áanii hółz díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíłnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

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Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمائید].

Assyrian:

Blue Cross Blue Shield of Arizona . . . 877-475-4799 . . .

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือถามคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย โปรดขงถาม โทร 877-475-4799