

SECTION: 1 CHAPTER: 200

POLICY: 206, Medically Necessary Pregnancy Termination

1. PURPOSE:

- a. The Integrated Regional Behavioral Health Authority (RBHA) and its contracted providers must monitor and report Pregnancy terminations for Arizona Health Care Cost Containment System (AHCCCS) enrolled members.
- b. Pregnancy Termination services, including Mifepristone, are available to a pregnant member only if a physician decides that it is medically necessary to terminate the pregnancy because the pregnancy will cause a serious physical or mental health problem for the pregnant member, or continuing the pregnancy is life-threatening to the member, or the pregnancy is the result of rape or incest.
- c. This policy outlines the responsibilities for monitoring and reporting pregnancy termination services provided to pregnant members by the Integrated RBHA and its contracted providers.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>
The following terms are referenced in this section:

Incapacitated Person

Integrated Regional Behavioral Health Authority (RBHA)

Pregnancy Termination

3. PROCEDURES:

- a. Pregnancy termination is a covered benefit for AHCCCS eligible pregnant members only if one of the following criteria is met:
 - i The pregnant member suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
 - ii The pregnancy is a result of incest.
 - iii The pregnancy is a result of rape.
 - iv The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or mental health problem for the pregnant member, by:
 - (1) Creating a serious physical or mental health problem for the pregnant member;
 - (2) Seriously impairing a bodily function of the pregnant member;
 - (3) Causing dysfunction of a bodily organ or part of the pregnant member;
 - (4) Exacerbating a health problem of the pregnant member, or
 - (5) Preventing the pregnant member from obtaining treatment for a health problem.
- b. Mifepristone: Mifepristone (also known as Mifeprex or RU-486) is not a post-coital emergency oral contraceptive. The administration of Mifepristone, for the purposes of

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inducing intrauterine pregnancy termination, is a covered service when a minimum of one of the above required criterion is met for pregnancy termination, as well as the following conditions specific to Mifepristone.

- i Mifepristone can be administered through 49 days of pregnancy;
 - ii If the duration of pregnancy is unknown or if ectopic pregnancy is suspected; ultrasonography should be used for confirmation;
 - iii Any Intrauterine Device (“IUD”) should be removed before treatment with Mifepristone begins;
 - iv 400 mg of Misoprostol must be given two days after taking Mifepristone unless a complete abortion has already been confirmed; and
 - v Pregnancy termination by surgery is recommended in cases when Mifepristone and Misoprostol fail to induce termination of the pregnancy.
- c. Necessary Certification and Documentation
- i The attending physician must acknowledge that a pregnancy termination was necessary based on the above criteria by submitting the Certificate of Necessity for Pregnancy Termination and Verification of Diagnosis by Contractor for Pregnancy Termination Request (see the [BQ&I Specifications Manual](#)) and all supporting clinical documentation.
 - ii The Certificate of Necessity for Pregnancy Termination and the Verification of Diagnosis by Contractor for Pregnancy Termination Request forms must be submitted to the Integrated RBHA Medical Director or designee for enrolled pregnant members.
- d. Additional Required Documentation
- i A written informed consent must be obtained by the provider and kept in the member’s medical record for all pregnancy terminations. If the pregnant member is younger than 18 years of age, or is 18 years of age or older and considered an incapacitated person, a dated signature of the pregnant member's parent or legal guardian indicating approval of the pregnancy termination procedure is required.
 - ii When the pregnancy is the result of rape or incest, documentation must be obtained that the incident was reported to the proper authorities, including the name of the agency to which it was reported, the report number (if available), and the date the report was filed.
 - iii When Mifepristone is administered, the following documentation is also required:
 - (1) Duration of pregnancy in days;
 - (2) The date IUD was removed if the member had one;
 - (3) The date Mifepristone was given;
 - (4) The date Misoprostol was given, and
 - (5) Documentation that pregnancy termination occurred.
 - iv The Integrated RBHA must submit the Monthly Pregnancy Termination Report to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), which documents the number of pregnancy terminations performed during the month (including pregnancy terminations resulting from the use of Mifepristone). If no pregnancy terminations were performed during the month, the

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- monthly report must still be submitted to attest to that information (see the [BQ&I Specifications Manual](#) for the report/form and instructions for submission).
- v When pregnancy terminations have been authorized by the Integrated RBHA, the following information must be provided with the monthly report:
 - (1) A copy of the completed Certificate of Necessity for Pregnancy Termination, which has been signed by the Integrated RBHA's Medical Director;
 - (2) Verification of Diagnosis by health plan for Pregnancy Termination Request confirming requirements for pregnancy termination have been met;
 - (3) A copy of the official incident report in the case of rape or incest;
 - (4) A copy of documentation confirming pregnancy termination occurred; and
 - (5) A copy of the clinical information supporting the justification/necessity for pregnancy termination.
 - vi (See the [BQ&I Specifications Manual](#) for the Monthly Pregnancy Termination Report reporting form and Maternal and Child Health Reporting Requirements submission timeframes, submission instructions to ADHS/DBHS)
- e. Prior Authorization (PA)
- i Except in cases of medical emergencies, the provider must obtain a Prior Authorization (PA) for all covered pregnancy terminations from the RBHA Contractor's Medical Director. A completed ADHS/DBHS Certificate of Necessity for Pregnancy Termination (refer to [BQ&I Specifications Manual](#)) and the ADHS/DBHS Verification of Diagnosis by Contractor for Pregnancy Termination Request (refer to [BQ&I Specifications Manual](#)) forms must be submitted with the request for PA, along with the lab, radiology, consultation or other testing results that support the justification/necessity for pregnancy termination. The RBHA Contractor's Medical Director or designee will review the PA request, the ADHS/DBHS Certificate of Necessity for Pregnancy Termination, and the ADHS/DBHS Verification of Diagnosis by Contractor for Pregnancy Termination Request forms and expeditiously authorize the procedure, if the documentation meets the criteria for justification of pregnancy termination.
 - ii In cases of medical emergencies, the provider must submit all documentation of medical necessity to the RBHA Contractor, within two working days of the date on which the pregnancy termination procedure was performed.

4. REFERENCES:

[Social Security Act, Title V, Parts 1 and 4 \[Maternal and Child Health\]](#)
[AHCCCS/ADHS Contract](#)
[ADHS/RBHA Contracts](#)
[AHCCCS Contractor Operations Manual \(ACOM\)](#)
[AHCCCS Medical Policy Manual \(AMPM\) Chapter 400, Section 410](#)

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5. APPROVED BY:

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