



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date
10/01/2019		Tentative
Policy Name		Policy Number
LA Policy-Limitations on Abortions		ABHLA-RP-0152
Policy Type		
Medical	Administrative	Pharmacy
		Reimbursement

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met.

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.



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A. Policy

Payment for abortions is restricted and must meet specific criteria and documentation for reimbursement. Providers are required to submit the Office of Public Health Certification of Informed Consent Abortion along with their claim form to receive reimbursement. Additional documentation is required when abortions are conducted as a result of an act of rape or incest. Elective abortions are not covered.

Abortions must be prior approved before the service is rendered to ensure compliance with federal and state regulations. ABHLA shall provide for abortions in accordance with 42 CFR Part 441, Subpart E, and the requirements of the Hyde Amendment (currently found in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2014, Public Law 113-76, Division H, Title V, §506 and §507) and only if:

- 1) A woman 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 woman in danger of death unless an abortion is performed; or
- 2) The pregnancy is the result of an act of rape or incest.

For abortion services performed because of sterilization (RFP # 305PUR-LDHRFP-BH-MCO-2014-MVA Section 6.16.2.1), a physician must certify in their handwriting, that on the basis of their professional judgment, the life of the pregnant woman would be endangered if the fetus were carried to term. The provider shall:

- 1) Attach the certification statement to the claim form that shall be retained by the MCO. The certification statement shall contain the name and address of the patient. The diagnosis or medical condition which makes the pregnancy life endangering shall be specified on the claim.

For abortion services performed as the result of an act of rape or incest the following requirements shall be met:

- 1) The member shall report the act of rape or incest to a law enforcement official unless the treating physician certifies in writing that in the physician's professional opinion, the victim was too physically or psychologically incapacitated to report the rape or incest;
- 2) The report of the act of rape or incest to law enforcement official or the treating physician's statement that the victim was too physically or psychologically incapacitated to report the rape or incest shall be submitted to the MCO along with the treating physician's claim for reimbursement for performing an abortion;



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- 3) The member shall certify that the pregnancy is the result of rape or incest and this certification shall be witnessed by the treating physician; and
- 4) The **Certification of Informed Consent--Abortion**, which may be obtained from the Louisiana Office of Public Health (Appendix N) via this **request form** or by calling (504) 568-5330, shall be witnessed by the treating physician. Providers shall attach a copy of the **Certification of Informed Consent--Abortion** form to their claim form.

All claim forms and attachments shall be retained by ABHLA. ABHLA shall forward a copy of the claim and its accompanying documentation to LDH.

No other abortions, regardless of funding, can be provided as a benefit under this Contract.

ABHLA shall not make payment for any core benefit or service under the Contract to a network or non-network provider if any abortion performed hereunder violates federal regulations (Hyde Amendment).

B. Overview

Rationale:

Effective for dates of service March 2, 2012, and thereafter; Louisiana Medicaid is mandated to meet the requirements of 42 CFR Part 441, Subpart E, and the requirements of the Hyde Amendment (currently found in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2014, Public Law 113-76, Division H, Title V, §506 and §507) with respect to non-payment for Elective Abortions and criteria necessary for reimbursement of limited abortions.

C. Definitions

D. Reimbursement Guidelines

1. **Prior Authorization is required.**
2. **Certification of Informed Consent--Abortion, which must be obtained from the Louisiana Office of Public Health (Appendix N) must accompany the claim for reimbursement. The attestations shall:**



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- a. ~~Contain a physician's certification in their own handwriting, that on the basis of their professional judgment, the life of the pregnant woman would be endangered if the fetus was carried to term;~~
 - b. ~~Contain the name and address of the patient;~~
 - c. ~~Specify the diagnosis or medical condition which makes the pregnancy life endangering~~
 - d. ~~Contain member signature and be witnessed by the treating physician;~~
 3. ~~For limited abortions due to the act of rape or incest, one of the following forms of documentation must also accompany the claim:~~
 - a. ~~Law enforcement's official report of the act of rape or incest~~
- ~~Treating physician statement that the victim was too physically or psychologically incapacitated to report the rape or incest.~~

b. All reimbursement and documentation guidelines is covered in the policy section above.

E. Codes/Condition of Coverage

Please refer to the LA Medicaid Fee Schedule located here:

https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

F. Frequently Asked Questions

G. Review/Revision Date

Action	Date	Comments
Date Issued	10/01/2019	
Date Revised		
Effective Date		Effective date is contingent upon LDH approval

H. Resources

La Medicaid Provider Manual – Physician Services

<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Certification of Informed Consent--Abortion

http://ldh.la.gov/assets/docs/BayouHealth/RFP2014/Appendices/AppendixN_AbortionCertification-of-InformedConsent.pdf

LA Medicaid Professional Services Fee Schedule



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https://www.lamedicaid.com/provweb1/fee_schedules/FEESCHED.pdf
https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

LA Medicaid Provider Forms

<https://www.aetnabetterhealth.com/louisiana/providers/forms>

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