Voluntary abortion
Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ Medicare Plus Blue PPO℠ ☒ Medicare Plus Blue Group PPO℠ ☐ Both

Voluntary abortion

Abortion is defined as the termination of pregnancy before the fetus reaches the stage of viability.

Original Medicare

Voluntary abortion procedures are not covered under Original Medicare except for the following conditions:

- If the pregnancy is the result of an act of rape or incest
- If a woman suffers from a physical disorder, injury or illness, including a life–endangering physical condition caused by or arising from the pregnancy itself, which would, as certified by a physician, place the woman in danger of death unless an abortion is performed

Medicare Plus Blue Group PPO

Medicare Plus Blue Group PPO plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM to offer enriched plans by using Original Medicare as the base program and adding benefit options.

Coverage for voluntary abortion (not medically necessary) is provided to members under select Medicare Plus Blue Group PPO plans regardless of the circumstances that led to the pregnancy or the conditions related to the abortion.

Conditions for payment

The table below specifies payment conditions for voluntary abortion.

Conditions for payment	
Eligible providers	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	No restrictions
CPT / HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

Medicare Plus Blue Group Reimbursement PPO plan's maximum payment amount for voluntary abortion benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers cannot balance bill the member for the difference between the allowed amount and the charge.

Member cost–sharing

- Medicare Plus Blue Group PPO providers should collect the applicable cost–sharing from the member at the time of the service. Cost–sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

Providers may verify member benefits, including cost–share amounts, via web-DENIS or by calling CAREN at 1–866–309–1719.

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form, UB–04 or the 837 equivalent claim.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
   a. Michigan providers:
      - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) is available at: **http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf**
      - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: **http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf**
   b. Providers outside of Michigan should contact their local BCBS plan.