

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 14.2
TITLE: ABORTIONS

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(2)

TRICARE POLICY MANUAL: Chapter 3, Section 13.6

I. EFFECTIVE DATE

December 29, 1981

II. PROCEDURE CODE(S)

59100, 59840-59899, 59820, 59821, 59812, 59160

III. DESCRIPTION

Abortion means the premature stoppage of a pregnancy. An elective abortion means the intentional termination of pregnancy by artificial means done for a purpose other than that of producing a live birth.

IV. POLICY

A. By law, CHAMPVA payment for elective abortions is prohibited unless the life of the mother would be endangered if the fetus were carried to term. Payment is limited to the following conditions which may result in a significant mortality risk should the pregnancy be continued.

1. Malignancies (e.g., leukemia, lymphoma) indicating that the patient requires treatment with chemotherapeutic agents or radiotherapy, i.e., teratogenic drugs.
2. Malignancies (e.g., carcinoma of the breast) influenced by placental hormones/estrogen.
3. Renal failure and/or nephritis.
4. Diabetes mellitus in patients with significant hypertension, renal or cardiovascular disease.

5. Congestive heart failure, regardless of underlying heart disease (e.g., congenital, rheumatic, coronary, hypertensive).

6. Severe cardiac disease without congestive heart failure (e.g., Eisenmenger's, tetralogy, coronary artery disease, cardiac myopathy, and acute rheumatic carditis).

7. Pulmonary insufficiency that fails to respond to appropriate therapy.

8. Malignant hypertension (progressive diastolic pressure at least 120 mm Hg, with retinopathy).

9. Primary pulmonary hypertension.

10. Seizures uncontrolled with therapeutic blood levels of analeptic.

11. Severe myasthenia gravis (e.g., with respiratory embarrassment).

12. Crohn's disease or ulcerative colitis not responsive to therapy.

13. Budd-Chiari syndrome.

14. Sickle cell anemia.

15. Life threatening conditions with concurrent use of, and requiring continued treatment with, teratogenic drugs.

16. Past history of severe isoimmunization in a prior pregnancy.

17. Thromboembolic disorders.

18. Clotting defects.

19. Prior history of acute fatty liver.

B. CHAMPVA may cost share spontaneous, missed or threatened abortions and abortions related to ectopic pregnancies including all related services and supplies as medically necessary treatment.

C. Services which are medically necessary because of fetal demise may be cost shared. Documentation must accompany the claim which verifies that the death was from natural causes and not intentionally brought on by human intervention.

D. CHAMPVA may cost share Dilatation and Curettage (D&C) and Dilatation and Evacuation (D&E) when performed as surgical treatment for a medically necessary gynecological diagnosis or for abortions meeting the guidelines outlines within this issuance. If the diagnosis on the claim form is unspecified abortion, the claim shall be developed to determine if the abortion meets the guidelines outlined within this issuance.

V. POLICY CONSIDERATIONS

A. To help ensure compliance with Congressional intent, CHAMPVA, when suspending induced abortion claims for medical review, shall request a certification from the attending physician. The certification is to read as follows:

1. "I, (name of physician performing abortion), hereby certify that the abortion was performed because the woman was suffering from a condition (specify condition) which would have endangered her life if the fetus were carried to term."

2. This written certification is required prior to payment for an abortion. The certification is not required for noncovered abortions.

B. Procedural guidelines for claims processing of abortion services are contained in Volume I, Reimbursements.

VI. EXCLUSIONS

A. CHAMPVA may not cost share any services or supplies related to a noncovered abortion, including complications, i.e., uterine perforation, hemorrhage, or D&C for placental retention. If, however, a complication results from a separate medical condition, benefits may be allowed for the otherwise covered treatment. A separate medical condition exists when it causes a systemic effect, or occurs in a different body system from the noncovered treatment.

B. CHAMPVA may not cost share abortions for D&C and D&E when the life of the woman would not be endangered if the fetus were carried to term.

C. CHAMPVA may not cost share abortions for fetal abnormality (e.g., anencephalic) or for psychological reasons (i.e., threatened suicide).

D. CHAMPVA may not cost share abortion counseling or referral, related to covered or noncovered abortions.

END OF POLICY