Government Business Division
Policies and Procedures

Section (Primary Department)		SUBJECT (Document Title)	
Utilization Management		Abortion Services - CA	
Effective Date	**Date of Last Review**	**Date of Last Revision**	**Dept. Approval Date**
01/07/2000	04/08/2024	05/13/2024	05/13/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	☐ Arkansas	☐ Iowa	☐ Nevada	☐ Tennessee
☒ **Medicaid/CHIP**	☒ California	☐ Kentucky	☐ New Jersey	☐ Texas
☐ **Medicare/SNP**	☐ Colorado	☐ Louisiana	☐ New York	☐ Virginia
☐ **MMP/Duals**	☐ District of Columbia	☐ Maryland	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Minnesota	☐ North Carolina	☐ West Virginia
	☐ Georgia	☐ Missouri	☐ Ohio	☐ Wisconsin
	☐ Indiana	☐ Nebraska	☐ South Carolina	

POLICY:

Anthem Blue Cross (Anthem) Medicaid members are guaranteed confidentiality and ready access to abortion services, including surgical abortions and the usage of Mifepristone (RU-486).

Abortion is considered a self-referable service. It is also considered a "sensitive service" and therefore is covered.

DEFINITIONS:

None

PROCEDURE:

A. Anthem Medicaid reimburses both network and out-of-network providers for abortion procedures. Members are encouraged to remain in-network for these procedures; however, the services will be covered for non-network providers, if necessary. Members are not charged for the services. Network Providers may refuse to provide abortion services. In such case, Anthem can assist the Member to find another Provider for the needed services, to ensure Members have timely access to abortion services, including transportation.

B. There are no pre-authorization and/or medical justification requirements for abortion procedures. However, non-emergent abortion services requiring inpatient hospitalization will require prior authorization.

C. Anthem Medicaid educates members and providers on abortion medical policies and procedures.

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D. Anthem Medicaid covers medical abortion procedures and the use of Mifepristone (Mifeprex, RU-486) as directed by the member's physician. Anthem also covers the medical services and supplies incidental or preliminary to an abortion, consist with the requirements outlined in the Medi-Cal Providers Manual.

REFERENCES:

- California Code of Regulations (CCR), Title 22, Section 51327
- DHCS All Plan Letter 24-003 "Abortion Services"
- Medi-Cal Evidence of Coverage, 2023
- Provider Operations Manual, 2023

RESPONSIBLE DEPARTMENTS:

Primary Department:
Utilization Management

Secondary Department(s):
Case Management

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
05/13/24	- Off-Cycle Review - Updated Policy, Procedure and References sections to be compliant with the updated APL 24-003
04/08/24	Annual Review, no changes
03/30/23	- Annual Review - Updated Procedure section A - Updated References section
03/24/22	Annual Review, no changes
03/10/21	Annual Review, no changes
03/11/20	Annual Review, no changes
03/06/19	Annual Review, no changes
02/07/18	- Annual Review. - Updated References.

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Review Date	Changes
05/02/17	• Annual Review, no changes
05/30/16	• Annual Review, no changes
10/07/15	• Updated references • Removed the 12-year-old age limit
06/30/15	• Updated references
09/04/14	• Removed Healthy Families • Changed header to Government Business Division
09/17/13	• No context changes at this time. • Updated references
09/20/12	• Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. • Added comment that abortion is a self-referable and sensitive service • Changed reference from Care Management to Medical Management • Updated references • Added revision history to policy
01/07/00	• Policy created

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