

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 19-18

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd *mb*
Senior Deputy Director/Medicaid Director

DATE: August 6, 2019

SUBJECT: Policy and Procedure: Coverage of Medical Abortions

The purpose of this transmittal is to inform the District of Columbia (DC) Medicaid Fee-for-Service (FFS) providers of new District Medicaid policy and procedures governing coverage for medical abortions.

The District of Columbia Medicaid Program complies with the requirements of the Hyde Amendment¹ regarding Medicaid coverage of medical abortions. There are only three (3) instances for which the District will reimburse Medicaid providers to provide abortions to Medicaid beneficiaries. Those three instances are: (1) when the pregnancy will endanger the woman's life; (2) when the pregnancy results from rape; or (3) when the pregnancy results from incest.

On February 4, 2019, the General Accounting Office released a report identifying gaps in state Medicaid program compliance with federal requirements for abortion coverage relating to coverage.² One of the areas of coverage gaps among many Medicaid programs identified in the GAO report was an absence of clarity about coverage for medical abortions. The District is releasing this guidance to further clarify the scope of coverage under the District Medicaid program relating to medical abortions, as well as the process for requesting coverage for FFS providers.

Effective immediately, the following HCPCS codes are now covered on the DC Medicaid fee schedule **S0190**-Mefeprostone 200mg, **S0191**-Misoprostol 20mcg, and **S0199**-Medically induced abortion by oral ingestion of medication, including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, and ultrasound to confirm completion of pregnancy), except the drug. The above-referenced HCPCS codes require a Prior Authorization (PA).

¹ Pub.L. 94-439, Title II, § 209, Sept. 30, 1976, 90 Stat. 1434

² <https://www.gao.gov/assets/700/696338.pdf>

To obtain a PA for a medical abortion, the request shall be submitted to the Department of Health Care Finance (DHCF) contracted Quality Improvement Organization (QIO) via the provider portal <https://comaginepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>. The current QIO is Comagine Health. The following documents shall be submitted to constitute a request for a Medicaid-reimbursable therapeutic, elective, or medical abortion:

1. Completed 719A form;
2. Verification of pregnancy;
3. Verification of length of gestational period;
4. Clinical justification to terminate the pregnancy in cases where the pregnancy would endanger the life the mother; and
5. Police report for cases of rape/incest.

For questions regarding access and use of the Comagine provider web portal, please contact Comagine Health at (800) 251-8890 for assistance.

For questions regarding this transmittal, please contact Cavella Bishop, DHCF Program Manager of Clinicians, Pharmacy and Acute Provider Services at (202) 724-8936 or cavella.bishop@dc.gov.

cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers