



# Termination of Pregnancy

Reimbursement Policy ID: RPC.0105.7100

Recent review date: 08/2025

Next review date: 06/2026

*AmeriHealth Caritas Delaware reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Delaware may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy addresses coverage of abortions, pursuant to relevant state and federal law, and state Medicaid and Centers for Medicare and Medicaid Services (CMS) guidelines.

## Exceptions

N/A

## Reimbursement Guidelines

AmeriHealth Caritas Delaware will cover termination of pregnancy under the following criteria:  
First and second trimester terminations of pregnancy require prior authorization and are covered in the following two circumstances:

The member's life is endangered if she were to carry the pregnancy to term; or  
the pregnancy is the result of an act of rape or incest.

In accordance with House Bill 110 effective 1/1/2025 DMAP will cover termination of pregnancy services as permissible under the law. Services are only funded by State resources for the coverage of both FFS and Managed Care Organization (MCO) members. Services must be billed through the FFS program.

Providers must contact DMAP Provider Services for historical data related to the member's use of elective termination of pregnancy services and the amount of remaining benefit.

Providers must include DX Z33.2 on the claim's submission to DMAP. Providers must also include modifier SE – State Funded Abortion Services on the following CPT codes.

01966	59851
59812	59852
59820	59855
59821	59856
59830	59857
59840	S0190
59841	S0191
59850	S0199

## Definitions

N/A

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (*ICD-10*).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. Delaware Medicaid Fee Schedule(s).
- VII. <https://legis.delaware.gov/BillDetail/141171>
- VIII. 2024-001 HS 2 for HB 110 Women's Reproductive Health Bulletin.pdf

## Attachments

N/A

## Associated Policies

N/A

## Policy History

08/2025	Reimbursement Policy Committee Approval
07/2025	Annual review <ul style="list-style-type: none"><li>• No revisions</li></ul>
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Delaware from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul>