




MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE November 28, 2006	EFFECTIVE DATE November 17, 2006	NUMBER 99-06-15
SUBJECT Clarification of Payment Policy for Abortion Services	BY  James L. Hardy, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to clarify existing certification requirements for abortion services for which payment is sought under the Medical Assistance (MA) Program by revising the Physician Certification for an Abortion and Recipient Statement Forms.

SCOPE:

This bulletin is applicable to all physicians, short procedure units, ambulatory surgical centers, independent medical/surgical clinics, hospital emergency rooms, general hospitals and managed care plans enrolled in the MA Program.

DISCUSSION/PROCEDURE:

This bulletin clarifies existing certification requirements for abortion services consistent with federal and state law (See MA Bulletin 1163-95-02, 1141-95-01, 1221-95-01). Payment for abortion services will be made by the MA Program only under either of the following conditions:

1. A physician must certify that due to a condition, illness, or injury, an abortion is necessary to avert the woman's death.
2. The woman was the victim of rape or incest and prior to the performance of the abortion she personally reported the incident to a law enforcement agency having the requisite jurisdiction. If the victim of incest is a minor, she personally reported the incident to the county child protective service agency. The identity of the offender must have been reported by the victim of rape or incest, if the identity is known. See note below for information on waiving the requirement of reporting the crime.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap

NOTE: A law enforcement agency means an agency or part of an agency that is responsible for the enforcement of the criminal laws, such as a local police department or sheriff's office.

NOTE: The requirement to report the crime of rape or incest must be waived when a physician certifies that in his or her professional judgment, the patient was physically or psychologically unable to report the crime.

Additional requirements that could have the effect of delaying or denying abortion coverage authorized under state or federal law are not permitted.

The primary care provider or any treating physician, including the physician providing abortion services, may complete the Physician Certification for an Abortion Form (MA-3).

Based on the requirements set forth in state and federal law, the Department is revising the Physician Certification for an Abortion Form (MA-3) in the following areas:

Block Number 4 is added to include the recipient's birth date.

Part I: Life Threat – Certification Statement

Example: A physician determines that due to a condition, illness, or injury an abortion is necessary to avert the death of the woman. Referral to a specialist is not necessary in order to complete a valid certification if, in the treating physician's professional judgment, the patient is in danger of death. (e.g., If in the treating physician's professional judgment an abortion is necessary to avert the suicide of a patient, evaluation by a psychiatrist is not necessary.) The physician completes items 6-9 of the MA-3 form. No Recipient Statement Form (MA-368) is needed for abortions necessitated by life-threatening conditions, illnesses or injuries.

Part II: Rape or Incest – Item Number 10

Example: A physician determines that a patient seeking abortion care may have become pregnant as a result of rape or incest. The physician asks the patient whether she reported the crime to law enforcement authorities or child protective services. If she has not reported the crime, the physician determines whether she was physically or psychologically unable to do so. The physician checks the appropriate box on Line 10 of the MA-3 form and obtains a completed Recipient Statement Form (MA-368) from the patient.

In addition, the two versions of the Recipient Statement Form, i.e., the Recipient Statement Form (MA-368) and the Recipient Statement Form (for Victims of Incest Under Age 18) (MA-369) are consolidated into one form, the Recipient Statement Form (MA-368). Corresponding revisions have been made to the certification statements in the Recipient Statement Form (MA-368) (Block Number 5). Form MA-369 is now obsolete.

Providers should begin using these forms immediately. The completed forms must be submitted with the provider's claim for MA Program payment of abortion services as set forth in

the Provider Handbook and PROMISe™ Billing Guides, which are located on the Office of Medical Assistance Programs website at the following link:
http://www.dpw.state.pa.us/omap/provinf/promhb/omapprom_CMShb_TOC.asp.

Attachments:

Physician Certification for an Abortion Form (MA-3)
Recipient Statement Form (MA-368)