

# Abortion

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline
<ul style="list-style-type: none"> <li><a href="#">Abortion (NCD 140.1)</a></li> </ul>

## Coverage Guidelines

Abortion is covered when Medicare coverage criteria are met.

Abortion is covered only under the following circumstances:

- If the pregnancy is the result of an act of rape or incest; or
- In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, which would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Refer to the [National Coverage Determination \(NCD\) for Abortion \(140.1\)](#). (Accessed October 4, 2021)

Health care associated with pregnancy termination, whether spontaneously or for therapeutic reasons (i.e., where the life of the mother would be endangered if the fetus were brought to term) is also covered.

Refer to the:

- [Medicare Benefit Policy Manual, Chapter 15, §20.1 – Physician Expense, Surgery, Childbirth, and Treatment for Infertility](#).
- [Medicare Benefit Policy Manual, Chapter 1, §80 – Health Care Associated with Pregnancy and §90 – Termination of Pregnancy](#).

(Accessed October 4, 2021)

## Policy History/Revision Information

Date	Summary of Changes
10/19/2021	<ul style="list-style-type: none"> <li>• Routine review; no change to coverage guidelines</li> <li>• Archived previous policy version MCS001.01</li> </ul>

## Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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