



## **Provider Instructions for requesting In-State Abortion Services**

**Policy: Chapter II, Section 90.05-2 Restricted Services**

**(Services covered when special criteria are met)**  
**<http://www.maine.gov/sos/cec/rules/10/ch101.htm>**

**No Prior Authorization is required for the CPT codes used for Abortion Services.**

**\*Please note: documentation is required to be submitted with the claim for payment.\***

Abortion services are covered only when performed in a licensed general hospital or outpatient setting, and when the following conditions are met:

1. A physician has found, and so certified in writing to the Department (see sample below), that on the basis of his/her professional judgment an abortion is necessary to save the life of the mother; or the pregnancy is the result of an act of rape; or the pregnancy is the result of an act of incest.
2. If the abortion is performed in order to save the life of the member, the certification must contain written justification as to the necessity of the abortion procedure.
3. The certification must contain the name and address of the member.
4. The member's medical record shall be documented as to the circumstances of the abortion procedure.

This is a sample letter of certification:

I, (Name of physician), certify that on the basis of my professional judgment, an abortion is necessary for (name of member) of (member's address) for the following reason(s):

(Check all that apply)

- in order to save the member's life.
- the pregnancy is the result of an act of rape.
- the pregnancy is the result of an act of incest.

Present justification as to the necessity of an abortion performed in order to save the life of the member. (Attach supporting information, as necessary.)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)

The physician's certification must be submitted to the Department. The member's medical record is not required for submission; however, it must be available for review by the Department, upon request.

In compliance with federal requirements, the Department will reimburse for the procedure if the treating physician certifies that in his or her professional opinion, the member was unable for physical or psychological reasons to comply with established reporting requirements, if any, in cases of rape or incest.