

Abortion

PURPOSE

This policy defines the situations in which ND Medicaid will provide reimbursement for induced or therapeutic abortion services. This policy does not apply to the treatment of miscarriage or natural expulsion of a pregnancy.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll in ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System by dialing 1.877.328.7098.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

COVERED SERVICES

Abortions to Save the Life of the Woman - An abortion deemed necessary based on reasonable medical judgment, intended to prevent the death or a serious health risk to the pregnant woman. The treating physician must provide a signed written statement that, in the physician's professional judgment, the life of the woman would be

endangered if the fetus were carried to term. The statement must contain the reasons why the physician believes the life of the woman would be in danger if the fetus were carried to term.

Abortions that are a Result of an Act of Rape or Incest - If a member reports an act of rape or incest to an appropriate law enforcement agency or, in the case of a minor who is a victim of incest, to an agency authorized to receive child abuse and neglect reports, the physician must provide ND Medicaid with a signed written statement indicating that the rape or act of incest has been reported and to whom the report was made.

If the rape or act of incest was not reported to an appropriate agency, the member must sign a written statement indicating her current pregnancy resulted from either an act of rape or incest. The treating physician must provide a signed written verification that, in the physician's professional judgment, the woman's pregnancy resulted from rape or incest.

Treatment for infection or other complications of the abortion is a covered service.

SERVICE AUTHORIZATION REQUIREMENTS

No service authorization is required when performed in the state or within 50 miles of the North Dakota border.

Out-of-state services must follow the out-of-state authorization process.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

NON-COVERED SERVICES

- Any induced abortion performed for reasons other than rape, incest, or life of mother.
- Any induced abortion performed where the documentation does not meet Medicaid criteria listed in this policy.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

MEDICAL DOCUMENTATION SUPPORTING COVERED SERVICE

All claims for an abortion must be accompanied by documentation that establishes the reason why it was necessary to perform the abortion. Information provided by the physician will be reviewed by the Medical Services Division's medical consultant and the director of Medical Services to ensure the abortion was necessary to save the life of the woman or was the result of an act of rape or incest. If the supplied documentation meets ND Medicaid guidelines, payment will be approved. The claim will be denied payment if the documentation does not meet these guidelines or if documentation is not provided.

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

CLAIM FORM

Professional services must be billed using the CMS 1500 claim form or 837p, and institutional services must be billed using the UB04 or 837i. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

CLAIM REQUIREMENTS

Claims for abortion services must be submitted with an attachment containing the required documentation.

The ordering, referring, or prescribing provider's NPI must be listed on the claim for any labs, imaging, or physician-administered drugs billed in addition to the procedure.

DEFINITIONS

Induced abortion - any pregnancy that is intentionally terminated through medical intervention. It can be performed through medication or surgery.

Therapeutic abortion - induced abortions that are performed when there is a serious medical risk to the pregnant person.

REFERENCES

- [Hyde Amendment](#)
- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

RELATED POLICIES

- [Physician Administered Drugs](#)
- [Professional Medical and Surgical Services](#)

FREQUENTLY ASKED QUESTIONS

- Q: Are complications arising from induced abortions covered by Medicaid?
- A: Yes, treatment of infection or any other medical complication due to an induced or therapeutic abortion is covered if all member eligibility and provider enrollment requirements are met.

CONTACT

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POLICY UPDATES

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| Section | Summary |
|---------|---|
| | Format changes and clarifications added throughout. |