



MONTANA HEALTHCARE PROGRAMS NOTICE

May 1, 2023

CAH, Family Planning Clinic, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, and Physician Providers

Effective May 8, 2023

Medicaid Coverage of Abortion Services

Montana Medicaid will implement the rule amendments adopted under Montana Administrative Register (MAR) Notice No. 37-1024, effective May 8, 2023. Montana Medicaid recognizes the effective date of May 1, 2023, as specified in the MAR notice, may not allow providers sufficient time to comply with the new requirements; therefore, this policy change will not be enforced until May 8, 2023. **Claims submitted without the required prior authorization for the date of service on or after May 8, 2023, will be denied.**

Service Requirements for Reimbursement

- Only abortion services performed by physicians are eligible for reimbursement.
- Physician services for abortions require prior authorization.
 - If a prior authorization is not obtained due to an emergency, Montana Medicaid will perform a retroactive review.
 - Prior authorization for physician abortion services is not required for the following conditions:
 - Treatment for incomplete abortions
 - Miscarriages
 - Septic abortions

Information on Submitting a Prior Authorization Request

Prior authorization requests for abortion services will be reviewed by Mountain-Pacific Quality Health (MPQH). Requests must be submitted electronically through the Qualitrac Portal. **Requests that are faxed, mailed, or phoned in will not be accepted.**

If you do not already have access, please visit [Medicaid Portal Home Mountain-Pacific Quality Healthcare \(mpqhf.org\)](https://mpqhf.org) and select Document Library to complete the registration.

Documentation Requirements

Requests for prior authorization must be accompanied by a completed and signed [Physician Certification for Abortion Services Form \(MA-037\) Forms A – C](#) indicating one of the following conditions apply:

- The abortion is deemed medically necessary.
- The pregnancy is the result of an act of rape or incest.
- The member is in danger of death unless an abortion is performed as certified by a physician.

In the case of abortion services determined by a physician to be medically necessary, the following supporting documentation must be provided:

- Medical history
- Brief review of symptoms a patient may be experiencing
- Results of a physical examination
- Results of laboratory tests
- Imaging (if available)

- Diagnosis of physical or psychological condition by a medical professional qualified to make the diagnosis
- Reason for abortion procedure
- Adequate patient education provided
- Treatment plan
- Signed informed consent

For detailed information, refer to the adoption notice for [MAR No. 37-1024](#) that amend the following Administrative Rules of Montana:

[37.82.102: Medical Assistance, Definitions](#)

[37.86.104: Physician Services, Requirements](#)

Contact and Website Information

Prior Authorization Unit
Mountain-Pacific Quality Health
P.O. Box 5119
Helena, MT 59604
(406) 443-6002 or (800) 395-7961 (Telephone)
(406) 513-1928 or (800) 294-1350 (Fax)

If you have any questions regarding this provider notice, please contact:

- Physician Program Officer, at (406) 444-3995
- Hospital Program Officer, at (406) 444-7002

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.