

<b>Division of Medicaid</b>	<b>New:</b>	<b>Date:</b>
<b>State of Mississippi</b>	<b>Revised: X</b>	<b>Date: 09/01/02</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: General Medical Policy</b>	<b>Section: 53.08</b>	
	<b>Pages: 2</b>	
<b>Subject: Abortion</b>	<b>Cross Reference:</b>	

1. **House Bill 1480, adopted in the 2002 Regular Session of the Mississippi Legislature, effective July 1, 2002, reads as follows:**

Notwithstanding any other provision of law to the contrary, no public funds that are made available to any institution, board, commission, department, agency, official, or employee of the State of Mississippi, or of any local political subdivision of the state, whether those funds are made available by the government of the United States, the State of Mississippi, or a local governmental subdivision, or from any other public source, shall be used in any way for, to assist in, or to provide facilities for abortion, except:

- a) when the abortion is medically necessary to prevent the death of the mother, or
- b) when the abortion is being sought to terminate a pregnancy resulting from an alleged act of rape or incest, or
- c) when there is a fetal malformation that is incompatible with the baby being born alive.

2. **Medicaid coverage for abortion under federal law**

Medicaid coverage for abortion services is governed by federal law under the Hyde Amendment, which provides that abortion services are reimbursable under Medicaid as follows:

- a) when the abortion is medically necessary to prevent the death of the mother, or
- b) when the abortion is being sought to terminate a pregnancy resulting from an alleged act of rape or incest.

3. This policy supercedes prior Mississippi Medicaid abortion policy.
4. The physician is required to maintain sufficient documentation in the medical record that supports the medical necessity for the abortion for one of the reasons outlined in paragraph 2 above. The Mississippi Medicaid Abortion Necessity Form must be submitted directly to the fiscal agent.

The Mississippi Medicaid Abortion Necessity Form is illustrated on Page 2.

**MISSISSIPPI MEDICAID  
ABORTION NECESSITY FORM**

Beneficiary Name: \_\_\_\_\_ MS Medicaid ID #: \_\_\_\_\_  
\_\_\_\_\_  
(Please Print)

**CERTIFICATION REQUIRED:**

I, \_\_\_\_\_ (name of physician),  
certify that on the basis of my professional judgment that this procedure should  
be performed on \_\_\_\_\_ (name of patient), of  
\_\_\_\_\_ (address) because:

1. \_\_\_\_ necessary to save the life of the mother.
2. \_\_\_\_ pregnancy is result of alleged rape.
3. \_\_\_\_ pregnancy is result of alleged incest.

Date of Procedure: \_\_\_\_\_

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

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