

LEGISLATIVE  
SERVICE  
COMMISSION

34 JUL 11 11:15

5101:3-17-01

ABORTIONS.

(A) REIMBURSEMENT FOR ABORTION SERVICES, OTHER THAN THOSE IDENTIFIED IN PARAGRAPH (D) OF THIS RULE, IS RESTRICTED TO THE FOLLOWING CIRCUMSTANCES WHEN THE APPROPRIATE CERTIFICATION IN PARAGRAPH (B) OF THIS RULE IS MADE:

(1) INSTANCES IN WHICH SUCH PROCEDURE IS NECESSARY TO SAVE THE LIFE OF THE MOTHER;

(2) INSTANCES IN WHICH THE PREGNANCY WAS THE RESULT OF AN ACT OF RAPE AND THE PATIENT, THE PATIENT'S LEGAL GUARDIAN OR THE PERSON WHO MADE THE REPORT TO THE LAW ENFORCEMENT AGENCY, CERTIFIES IN WRITING THAT A REPORT WAS FILED, PRIOR TO THE PERFORMANCE OF THE ABORTION, WITH A LAW ENFORCEMENT AGENCY HAVING THE REQUISITE JURISDICTION, UNLESS THE PATIENT WAS PHYSICALLY UNABLE TO COMPLY WITH THE REPORTING REQUIREMENT AND THAT FACT IS CERTIFIED BY THE PHYSICIAN PERFORMING THE ABORTION;

(3) INSTANCES IN WHICH THE PREGNANCY WAS THE RESULT OF AN ACT OF INCEST AND THE PATIENT, THE PATIENT'S LEGAL GUARDIAN OR THE PERSON WHO MADE THE REPORT CERTIFIES IN WRITING THAT A REPORT WAS FILED, PRIOR TO THE PERFORMANCE OF THE ABORTION, WITH EITHER A LAW ENFORCEMENT AGENCY HAVING THE REQUISITE JURISDICTION, OR, IN THE CASE OF A MINOR, WITH A COUNTY CHILDREN SERVICES AGENCY ESTABLISHED UNDER CHAPTER 5153. OF THE REVISED CODE, UNLESS THE PATIENT WAS PHYSICALLY UNABLE TO COMPLY WITH THE REPORTING REQUIREMENT AND THAT FACT IS CERTIFIED BY THE PHYSICIAN PERFORMING THE ABORTION;

(B) CERTIFICATION.

(1) BEFORE REIMBURSEMENT FOR AN ABORTION CAN BE MADE, THE PHYSICIAN PERFORMING THE ABORTION MUST CERTIFY THAT ONE OF THE THREE CIRCUMSTANCES IN PARAGRAPH (A) OF THIS RULE HAS OCCURRED. THE CERTIFICATION MUST BE MADE ON THE OHIO DEPARTMENT OF HUMAN SERVICES "ABORTION CERTIFICATION FORM" ODHS 3197, CONTAINED IN APPENDIX A OF THIS RULE. THE PHYSICIAN'S SIGNATURE MUST BE IN THE PHYSICIAN'S OWN HANDWRITING. ALL CERTIFICATIONS MUST CONTAIN THE NAME AND ADDRESS OF THE PATIENT. THE CERTIFICATION FORM MUST BE ATTACHED TO THE BILLING INVOICE.

(2) THE CERTIFICATION MUST BE AS FOLLOWS:

I CERTIFY THAT, ON THE BASIS OF MY PROFESSIONAL JUDGMENT, THIS SERVICE WAS NECESSARY BECAUSE:

- (a) SUCH PROCEDURE WAS NECESSARY TO SAVE THE LIFE OF THE MOTHER; OR
  - (b) THE PREGNANCY WAS THE RESULT OF AN ACT OF RAPE AND THE PATIENT, THE PATIENT'S LEGAL GUARDIAN OR THE PERSON WHO MADE THE REPORT TO THE LAW ENFORCEMENT AGENCY CERTIFIED IN WRITING THAT A REPORT WAS FILED, PRIOR TO THE PERFORMANCE OF THE ABORTION, WITH A LAW ENFORCEMENT AGENCY HAVING THE REQUISITE JURISDICTION; OR
  - (c) THE PREGNANCY WAS THE RESULT OF AN ACT OF INCEST AND THE PATIENT, THE PATIENT'S LEGAL GUARDIAN OR THE PERSON WHO MADE THE REPORT CERTIFIED IN WRITING THAT A REPORT WAS FILED, PRIOR TO THE PERFORMANCE OF THE ABORTION, WITH EITHER A LAW ENFORCEMENT AGENCY HAVING THE REQUISITE JURISDICTION, OR, IN THE CASE OF A MINOR, WITH A COUNTY CHILDREN SERVICES AGENCY ESTABLISHED UNDER CHAPTER 5153. OF THE REVISED CODE; OR
  - (d) THE PREGNANCY WAS THE RESULT OF AN ACT OF RAPE AND IN MY PROFESSIONAL OPINION THE RECIPIENT WAS PHYSICALLY UNABLE TO COMPLY WITH THE REPORTING REQUIREMENT; OR
  - (e) THE PREGNANCY WAS A RESULT OF AN ACT OF INCEST AND IN MY PROFESSIONAL OPINION THE RECIPIENT WAS PHYSICALLY UNABLE TO COMPLY WITH THE REPORTING REQUIREMENT.
- (3) REIMBURSEMENT WILL NOT BE MADE FOR ASSOCIATED SERVICES SUCH AS ANESTHESIA, LABORATORY TESTS, OR HOSPITAL SERVICES IF THE ABORTION SERVICE ITSELF CANNOT BE REIMBURSED. ALL ABORTION SERVICES FOR THE PURPOSES OF PARAGRAPH (A) OF THIS RULE MUST BE SUBMITTED TO THE DEPARTMENT ON A HARD COPY BILLING INVOICE.

- (C) DOCUMENTATION THAT SUPPORTS THE CERTIFICATION MADE BY THE PHYSICIAN MUST BE MAINTAINED BY THE PHYSICIAN IN THE RECIPIENT'S MEDICAL RECORD. WHEN THE PHYSICIAN CERTIFIES THAT PARAGRAPH (B) (2) (c) or (B) (2) (d) OF THIS RULE IS TRUE, A COPY OF A SIGNED STATEMENT BY THE PATIENT, THE PATIENT'S LEGAL GUARDIAN, OR THE PERSON WHO MADE THE REPORT MUST BE MAINTAINED IN THE PATIENT'S MEDICAL RECORD.
  
- (D) NOTHING IN THIS RULE SHALL BE CONSTRUED TO DENY REIMBURSEMENT FOR DRUGS OR DEVICES TO PREVENT IMPLANTATION OF THE FERTILIZED OVUM, OR FOR MEDICAL PROCEDURES FOR THE TERMINATION OF AN ECTOPIC PREGNANCY. THE REQUIREMENTS STATED IN THIS RULE DO NOT APPLY TO THOSE ABORTIONS WHICH ARE TREATMENTS FOR INCOMPLETE, MISSED, OR SEPTIC ABORTIONS.

ABORTION CERTIFICATION FORM ODHS 3197

I certify that, on the basis of my professional judgment, this service was necessary because:

\_\_\_\_\_ Such procedure was necessary to save the life of the mother; or

\_\_\_\_\_ The pregnancy was the result of an act of rape and the patient, the patient's legal guardian or the person who made the report to the law enforcement agency certified in writing that a report was filed, prior to the performance of the abortion, with a law enforcement agency having the requisite jurisdiction; or

\_\_\_\_\_ The pregnancy was the result of an act of incest and the patient, the patient's legal guardian or the person who made the report certified in writing that a report was filed, prior to the performance of the abortion, with either a law enforcement agency having the requisite jurisdiction, or, in the case of a minor, with a county children services agency established under Chapter 5153. of the Revised Code; or

\_\_\_\_\_ The pregnancy was the result of an act of rape and in my professional opinion the recipient was physically unable to comply with the reporting requirement; or

\_\_\_\_\_ The pregnancy was a result of an act of incest and in my professional opinion the recipient was physically unable to comply with the reporting requirement.

Patient's Name \_\_\_\_\_

Patient's Address \_\_\_\_\_  
\_\_\_\_\_

Patient's Medicaid Billing Number \_\_\_\_\_

Documentation that supports this certification will be maintained in the patient's medical record.

\_\_\_\_\_  
Physician's Name (Please type)

\_\_\_\_\_  
Physician's Medicaid Provider Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

RULE REPLACES 5101:3-17-01

EFFECTIVE DATE: JUL 21 1994

CERTIFICATION: *Donald R. Tappin*

JUL 11 1994  
DATE

PROMULGATED UNDER CHAPTER 119.

STATUTORY AUTHORITY RC SECTION 5111.02

RULE AMPLIFIES RC SECTIONS 5111.01 AND 5111.02

PRIOR EFFECTIVE DATES: 7/22/77, 9/24/77, 12/30/77, 7/30/78,  
8/21/78, 9/17/79, 11/12/80, 8/17/81