

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF MEDICAID BUSINESS AND POLICY  
(Medicaid Medical Services Unit)

Instructions for Form 904

"Certification of the Decision to Terminate Pregnancy"

PURPOSE

Form 904, "Certification of the Decision to Terminate Pregnancy," is required by federal law and must be completed by the physician to certify that on the basis of his or her professional judgment, the federal criteria for termination of pregnancy have been met.

This form is used to ensure that the claim should be paid, either at claim submittal or post-payment.

Prior authorization is *not* required for abortions, but providers may use this form, *if they wish*, to request prior authorization that the abortion meets the federal criteria. If the 904 is used for this purpose, the provider will receive an approval generated by the fiscal agent or a denial letter generated by the Medicaid Medical Services Unit in response to the prior authorization request.

INSTRUCTIONS

1) This form must be completed by the patient/recipient and the physician and attached to the claim form which is submitted to the fiscal agent by the physician.

If the form is used to request prior authorization, the form must be completed by the patient/recipient and the physician and submitted, along with supporting clinical documentation, to the Medicaid Medical Services Unit for prior authorization of the termination of pregnancy based upon the information submitted.

2) If the pregnancy is the result of rape or incest, have the recipient complete Section A. If the recipient completes Section A and chooses to provide documentation, please attach a copy of the documentation to the form. Please note that reporting requirements must be waived if the treating physician certifies that in his or her professional opinion, the patient was unable, for physical or psychological reasons, to comply with the requirements.

3) If the recipient is unable to complete Section A, or if the termination of pregnancy is being requested for life endangering issues, the physician should complete Section B.

4) As noted in Section B, and in accordance with federal law, life endangerment relates to the life of the mother, not of the fetus, and should be determined based upon physical, not mental, reasons.

5) Sign and date the form.

6) Attach the 904 to the claim form and submit to the fiscal agent for payment. (Supporting clinical documentation should be kept in the patient record.)

If the form 904 is being used for prior authorization, attach clinical documentation to support the request and mail or FAX the form and the supporting documentation to the contact information on the form. Once you receive authorization and are ready to submit your claim, attach the 904 to the claim form, and be sure to insert the prior authorization number in the appropriate box on the claim form.

7) Wait for payment or for prior authorization approval from the fiscal agent or a denial from the Medicaid Medical Services Unit.

RETENTION

A copy of the form 904 and any supporting documentation must be retained in the patient record for six (6) years.