Aetna Better Health® of Michigan
2 Towne Square Suite #275
Southfield, MI 48076
1-866-316-3784

Dear Provider,

Medicaid, Healthy Michigan Plan (HMP), and MIChild payments for abortion services are limited to cases in which the life of the mother would be endangered if the pregnancy were continued, or in cases where the pregnancy resulted from rape or incest. These requirements are based on applicable state and federal program guidelines and apply to all participating providers submitting claims for reimbursement under these programs.

To receive payment for abortion services, the attending physician must determine and certify that the abortion is necessary to save the life of the mother or is being performed to terminate a pregnancy that resulted from rape or incest. A completed and signed certification form is required to support the claim submission. **Effective 10/1/26, the attached certification form must be submitted to Aetna Better Health of Michigan along with the corresponding claim for review and processing by our claims team**. Claims submitted without the required documentation will be denied. Providers are encouraged to ensure that all supporting medical records and documentation are maintained in accordance with applicable record-retention requirements and are available upon request for audit or review purposes.

Effective 10/1/2026, there have also been changes in payor responsibility for medically induced abortions performed in the professional setting. Please review the changes to the billing requirements and related procedure codes listed below to ensure accurate claim submission and reimbursement.

CPT Code	Payor Responsibility
59840	Professional service covered by Michigan Department of Health and Human Services (MDHHS). Facility services and professional services provided in conjunction with the referenced CPT code remain health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
59841	Professional service covered by MDHHS. Facility services and professional services provided in conjunction with the referenced CPT code remain health plan responsibility, Provider will need to send MSA-4240 with its claim submission.
59850	Service is only allowed in the facility and remains health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
59851	Service is only allowed in the facility. Provider will need to send MSA-4240 with its claim submission.
59852	Service is only allowed in facility and remains health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
59855	Service is only allowed in the facility and remains health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
59856	Service is only allowed in the facility and remains health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
59857	Service is only allowed in the facility and remains health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
59866	Service is only allowed in the facility and remains health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
S0190	Professional service covered by MDHHS. Facility services and professional services provided in conjunction with the referenced HCPC remain health plan responsibility. Provider will need to send MSA-4240 with its claim submission.

S0191	Professional service covered by MDHHS. Facility services and professional services provided in conjunction with the referenced HCPC remain health plan responsibility. Provider will need to send MSA-4240 with its claim submission.
S0199	Professional service covered by MDHHS. Facility services and professional services provided in conjunction with the referenced HCPC remain health plan responsibility. Provider will need to send MSA-4240 with its claim submission.