



Certification Statement/Case Summary

Early Pregnancy Loss (EPL) / fetal death / Incomplete Abortion (Miscarriage) Services

All requested information on this form must be completed in its entirety and the form submitted for processing with claims, when Mifepristone is used with an early pregnancy loss / miscarriage / anembryonic service.

Section I. Member Information

1. Member Health First Colorado ID: _____
2. Member Name: _____
3. Member Address: _____
4. Age of Member: _____ 5. Gestational Age of Fetus / Weeks of Pregnancy: _____

Check the box below that describes the identified medical situation:

- Pregnancy resulting in an early fetal death/pregnancy loss (EPL) / Missed abortion - (Dx Code O02.1)
- Pregnancy resulting in an incomplete spontaneous abortion / miscarriage without complications - (Dx Code O03.4)
- Pregnancy resulting in an anembryonic pregnancy / blighted ovum - (Dx Code O02.0)

Section II. Practitioner Information (completed by practitioner)

Section II.a

This pregnancy:

- Resulted in an early fetal death / pregnancy loss (EPL) / missed abortion
- Resulted in an incomplete spontaneous abortion / miscarriage
- Was an anembryonic pregnancy / blighted ovum

Section II.b - Complete the information below, when medication (mifepristone &/or misoprostol) is utilized for treatment of an EPL, blighted ovum, or miscarriage.

Note: Additional Mifepristone Risk Evaluation & Mitigation Strategy (REMS) information and signature(s) are required below.

Health First Colorado member requested medication use for treatment of this EPL miscarriage / anembryonic situation.





Description of services and procedure code(s) billed: _____

Name of licensed facility where medication use for EPL / incomplete abortion was rendered: _____

Date(s) Services Were Rendered

Date of initial visit (medications prescribed/dispensed): _____

Mifepristone Risk Evaluation & Mitigation Strategy (REMS) Program

- I certify that all requirements under the Mifepristone REMS Program have been and will be met, AND:
 - Mifepristone was provided by a REMS certified medical practitioner OR
 - Mifepristone was dispensed by a REMS certified Pharmacy

Certified Mifepristone Prescriber Signatures

Physician/Practitioner’s Signature _____
Physician/Practitioner’s Health First Colorado ID _____
Date _____

Section III: Rendering Physician’s Signatures

Physician/Practitioner’s Signature _____
Physician/Practitioner’s Health First Colorado ID _____
Date _____

Attending Practitioner’s Signature _____
Practitioner’s Health First Colorado ID _____
Date _____

Revised June 2023

