COLORADO
Department of Health Care Policy & Financing

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 Mifeprex 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

COLORADO
Department of Health Care Policy & Financing

Section II.b - Complete the information below, when medical treatment (using Mifeprex + Misoprostol) for an EPL, blighted ovum, or miscarriage is provided.

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

□ Health First Colorado member requested a medicinal method for treatment of this EPL / miscarriage / anembryonic situation.

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

_____

_____

Name of health care facility where EPL / medicinal incomplete abortion services were rendered or provided (telemedicine):_____

Dates Services Were Rendered: _____

Date of initial visit (in person/telehealth) with medications prescribed/dispensed: _____

_____

Mifeprex Risk Evaluation & Mitigation Strategy (REMS) Program

□ I certify that all requirements under the Mifeprex REMS Program have been and will be met.

Certified Mifeprex Prescriber Signatures

Practitioner's Signature	Practitioner's Health First Colorado ID	Date
_____	_____	_____

Section III: Rendering Physician's Signatures

Practitioner's Signature	Practitioner's Health First Colorado ID	Date
_____	_____	_____

Attending Practitioner Signature	At/Practitioner Health First Colorado ID	Date
_____	_____	_____

Revised December 2021