601 Introduction

(A) The maximum allowable fee for an abortion service payable to licensed ambulatory abortion clinics is the fee listed in the applicable EOHHS fee schedule or the provider's usual fee or charge, whichever is less.

(B) For all claims for induced abortions, except medically induced abortions, providers must complete a Certification for Payable Abortion (CPA-2) form and retain the form in the member's record (see 130 CMR 484.006).

(C) I.C. indicates that the claim will be paid on an individual-consideration basis.

602 Service Codes and Descriptions

Service Code-Modifier	Service Description
99213	Office or other outpatient visit for the evaluation and management of an established patient, that requires at least 2 of these 3 key components • an expanded problem-focused history • an expanded problem-focused examination • medical decision making of low complexity
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)(when required only; reimbursed at the actual wholesale cost of the serum; a copy of the purchase invoice must be submitted with the claim form) (I.C.)
S0190	Mifepristone, oral, 200 mg
S0191	Misoprostol, oral, 200 mcg
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion), except drugs
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically, first trimester (includes physician's charges and clinic services)
59821	Treatment of missed abortion, completed surgically; second trimester
59840	Induced abortion, by dilation and curettage (includes physician's charges and clinic services with either intravenous sedation or general anesthesia; CPA-2 form required)
59840-TF	Induced abortion, by dilation and curettage (includes physician's charges and clinic services with either intravenous sedation or general anesthesia; CPA-2 form required)
59840-TG	Induced abortion by dilation and curettage (includes physician's charges and clinic services with either intravenous sedation or general anesthesia and insertion of cervical dilator, e.g., laminaria; CPA-2 form required)

602 Service Codes and Descriptions (cont.)

Service Code-Modifier	Service Description
59841	Induced abortion, by dilation and evacuation (includes physician's charges and clinic services; CPA-2 form required)
59841-TF	Induced abortion, by dilation and evacuation (includes physician's charges and clinic services with either intravenous sedation or general anesthesia; CPA-2 form required)
59841-TG	Induced abortion, by dilation and evacuation (includes physician's charges and clinic services with either intravenous sedation or general anesthesia, and insertion of cervical dilator, e.g., laminaria; CPA-2 form required)
59870	Uterine evacuation and curettage for hydatidiform mole
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume) 1 or more fetuses
90385	Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use

603 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

Modifier	Description
TF	Intermediate level of care
TG	Complex/high tech level of care

The following modifiers are for Provider Preventable Conditions that are National Coverage Determinations.

Modifier	Description
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.