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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)

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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.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Physician’s Current Procedural Terminology (CPT) code book.