



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

MASSHEALTH  
TRANSMITTAL LETTER ABR-13  
April 2002

**TO:** Abortion Clinics Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner  
**RE:** *Abortion Clinic Manual* (HCPCS Codes)

The federal government has revised the HCFA Common Procedure Coding System (HCPCS) for MassHealth billing.

This letter transmits changes for your provider manual that contain the new and revised codes. These codes are effective for services provided on or after March 1, 2002. For dates of service on or after March 1, 2002, you must use the new codes in order to receive payment.

Please note that you must use a modifier with some codes to accurately reflect the service provided. The attached subchapter 6 contains codes with modifiers, when applicable, along with their service descriptions.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for Abortion Clinic Services is 114.3 CMR 13.00.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100

This letter also transmits an updated page of the billing instructions, Subchapter 5 of the *Abortion Clinic Manual*. The sample claim form has been updated to reflect the use of HCPCS codes.

#### NEW MATERIAL

(The pages listed here contain new or revised language.)

##### Abortion Clinic Manual

Pages vi, 5.3-9, 5.3-10, 6-1, and 6-2

#### OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

##### Abortion Clinic Manual

Pages 5.3-9 and 5.3-10 — transmitted by Transmittal Letter ABR-6

Pages vi, 6-1, and 6-2 — transmitted by Transmittal Letter ABR-12

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ABORTION CLINIC MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> TABLE OF CONTENTS		<b>PAGE</b> vi
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## 6. SERVICE CODES AND DESCRIPTIONS

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522 Item-by-Item Instructions for Claim Form No. 9 (cont.)

Item 38	AUTHORIZED SIGNATURE	<p>The claim form must be signed by the provider or by the individual designated by the provider to certify that the information entered on the form is correct. Signatures other than handwritten signatures (for example, those by stamp, typewriter, or computer equipment) are acceptable.</p>
Item 39	BILLING DATE	<p>Enter in month/day/year order the date on which the claim form is completed. The billing date may not precede any of the dates of service entered on the claim form.</p>
Item 40	ADJUSTMENT/RESUBMITTAL	<p>Enter an "X" in the "Adjustment" or "Resubmittal" box only when an entry is required by the instructions for correcting a claim. Do not make any entry in this item without completing Item 41.</p>
Item 41	FORMER TRANSACTION CONTROL NO.	<p>When an entry is required in this item, enter the 10-digit transaction control number (TCN) assigned to the original claim. The TCN appears on the remittance advice that listed the original claim as paid or denied.</p> <p>When resubmitting or adjusting a claim, include all attachments that were required for the original claim.</p>
Item 42	FOR OFFICE USE ONLY	<p>Leave this item blank.</p>

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## 522 Item-by-Item Instructions for Claim Form No. 9 (cont.)

This section contains an example of a completed claim form for these services. For assistance with a billing situation not explained in the example, contact MassHealth Provider Services at the appropriate address or telephone numbers listed in Appendix A of this manual.

<b>9</b>		<b>09</b>	
RETURN TO: MassHealth, P.O. Box 9101, Somerville, MA 02145 PROVIDER'S NAME, ADDRESS & TELEPHONE NO. <b>ABC Clinic</b> <b>123 Main Street</b> <b>Anytown, MA 01234</b> <b>617 555-1000</b>			
COMMONWEALTH OF MASSACHUSETTS DIVISION OF MEDICAL ASSISTANCE MEDICAL SERVICES CLAIM			
1. PROVIDER'S NAME, ADDRESS & TELEPHONE NO. <b>ABC Clinic</b> <b>123 Main Street</b> <b>Anytown, MA 01234</b> <b>617 555-1000</b>		2. PAY TO PROVIDER NO. <b>1234567</b>	
3. BILLING AGENT NO. <b>1234567</b>		4. PRIOR AUTHORIZATION NO. <b>1234567</b>	
5. SERVICE CODE PROVIDER'S NAME <b>63592</b>		6. SERVING PROVIDER NO. <b>1234567</b>	
7. REFERRING PROVIDER'S NAME <b>1234567</b>		8. REFERRING PROVIDER NO. <b>1234567</b>	
9. MEMBER'S NAME <b>Roberta Jones</b>		10. MEMBER ID NO. <b>0123456789</b>	
11. DATE OF BIRTH <b>08 02 83</b>		12. SEX <b>F</b>	
13. PATIENT ACCOUNT NO. <b>JONESR</b>		14. MEMBER BEING TREATED <b>NO</b>	
15. DATE OF SERVICE <b>01 X</b>		16. DATE OF ACCIDENT <b>X</b>	
17. DIAGNOSIS CODE <b>63592</b>		18. DIAGNOSIS NAME <b>Induced AB</b>	
19. PRICE/DIAGNOSIS CODE-ADJUSTER <b>59840</b>		20. TOTAL USUAL FEE <b>300.00</b>	
21. TOTAL OTHER PAID AMOUNT <b>0.00</b>		22. TOTAL PAID AMOUNT <b>300.00</b>	
23. REMARKS <b>Induced AB</b>			
24. SIGNATURE OF PROVIDER <b>Mary Smith, MD</b>			
25. BILLING DATE <b>03 01 02</b>			

(524 through 530 Reserved)

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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 Division of Health Care Finance and Policy fee schedule or the provider's usual fee or charge, whichever is less.

(B) The service codes for contraceptive supplies are in the Division's *Family Planning Agency Manual*.

(C) All claims for induced abortions, except medically induced abortions, must have a completed Certification for Payable Abortion (CPA-2) form attached to the claim form (see 130 CMR 484.008).

(D) 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 two of these three key components <ul style="list-style-type: none"> <li>• an expanded problem-focused history</li> <li>• an expanded problem-focused examination</li> <li>• medical decisionmaking of low complexity</li> </ul>
J2790	Injection, Rh <sub>0</sub> (D) immune globulin, human, one-dose package (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
59820	Treatment of missed abortion, completed surgically, first trimester (includes physician's charges and clinic services)
59840	Induced abortion, by dilation and curettage (first trimester) (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 (second trimester—12.1 through 13.9 weeks; 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 (second trimester—14.0 through 18.9 weeks; 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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Service

Code-Modifier

Service Description

59841	Induced abortion, by dilation and evacuation (first trimester) (includes physician's charges and clinic services; CPA-2 form required)
59841-TF	Induced abortion, by dilation and evacuation (second trimester—12.1 through 13.9 weeks; 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 (second trimester—14.0 through 18.9 weeks; 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)
76805	Ultrasound, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)
76815	limited (fetal size, heart beat, placental location, fetal position, or emergency in the delivery room)

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.