



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter ABR-17
September 2015

TO: Abortion Clinics Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Abortion Clinic Manual* (2015 HCPCS)

This letter transmits revisions to the service code descriptions in the *Abortion Clinic Manual*. Providers must refer to the American Medical Association's *Current Procedural Terminology* (CPT) 2015 for the service descriptions listed in Subchapter 6 of the *Abortion Clinic Manual*.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Abortion Clinic Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Abortion Clinic Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter ABR-15

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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 MassHealth *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 (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"> • an expanded problem-focused history • an expanded problem-focused examination • medical decision making of low complexity
J2790	Injection, Rh ₀ (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 (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)
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)

603 Modifiers

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

<u>Modifier</u>	<u>Description</u>
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.

<u>Modifier</u>	<u>Description</u>
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.