




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



MassHealth
Transmittal Letter ABR-15
June 2012

TO: Abortion Clinics Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director 

RE: *Abortion Clinic Manual* (New Modifiers for Provider Preventable Conditions That Are National Coverage Determinations)

This letter transmits updates to Subchapter 6 of the *Abortion Clinic Manual* to add modifiers for Provider Preventable Conditions (PPCs) that are National Coverage Determinations. For more information about PPCs and related billing instructions, see Transmittal Letter ALL-195.

These updates are effective for dates of service on or after July 1, 2012.

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 the information in this transmittal letter, please contact MassHealth Customer Service 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 vi, vii, 6-1, and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Abortion Clinic Manual

Pages vi, 6-1, and 6-2 — transmitted by Transmittal Letter ABR-13

Page vii — transmitted by Transmittal Letter ABR-12

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For abortion clinics, those matters are covered in 130 CMR Chapter 484.000, reproduced as Subchapter 4 in the *Abortion Clinic Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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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 decisionmaking 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 (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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602 Service Codes and Descriptions (cont.)

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)

603 Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

- 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.