LifeWise
Health Plan of Washington

Payment Policy

Title	Abortions – Facility Services		
Number	CP.PP.420.v1.9		
Last Approval Date	05/14/24	Original Effective Date	01/01/2014
Cross Reference			

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's facility or professional services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define how the Plan will identify abortions that are submitted on a UB-04/CMS-1450 paper claim or an 837I electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. Medicare Advantage products are not subject to this policy.

Policy	Coverage of abortions is determined by the member's benefit coverage and the determination of an emergency medical condition. Claims will not be paid for services that are provided inconsistent with state and federal laws.
	
	Abortions should be submitted with the following codes and coding criteria on a facility claim form:
	
	Outpatient facility claims only (Bill Type 013X and 085X):
	
	• **CPT Procedure Codes (Outpatient claims only) (Field Locator 44):**
	   o **59812** - Treatment of incomplete abortion, any trimester, completed surgically
	   o **59820** - Treatment of missed abortion, completed surgically; first trimester
	   o **59821** - Treatment of missed abortion, completed surgically; second trimester
	   o **59830** - Treatment of septic abortion, completed surgically
	   o **59840** - Induced abortion, by dilation and curettage
	   o **59841** - Induced abortion, by dilation and evacuation
	   o **59850** - Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines
	   o **59851** - Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
	   o **59852** - Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
	   o **59855** - Induced abortion by one or more vaginal suppositories (e.g., Prostaglandin) with/without cervical dilation (e.g., Laminaria),

including hospital admission and visits, delivery of fetus and secundines

- o **59856 -** Induced abortion by one or more vaginal suppositories (e.g., Prostaglandin) with/without cervical dilation (e.g., Laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
- o **59857** - Induced abortion by one or more vaginal suppositories (e.g., Prostaglandin) with/without cervical dilation (e.g., Laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation), or
- o **59866** - Multifetal pregnancy reduction(s) (MPR)

- **HCPCS Procedure Codes (Outpatient claims only) (Field Locator 44):**
  - o **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
  - o **S2260** - Induced abortion, 17 to 24 weeks
  - o **S2265** - Induced abortion, 25 to 28 weeks
  - o **S2266** - Induced abortion, 29 to 31 weeks
  - o **S2267** - Induced abortion, 32 weeks or greater

Inpatient facility claims only (Bill Type 011X):
- **ICD-10 PCS Procedure Codes (Inpatient claims only) (Field Locators 74, 74a-74E):**
  - o **10A00ZZ** – Abortion of products of conception, open approach
  - o **10A03ZZ** – Abortion of products of conception, percutaneous approach
  - o **10A04ZZ** – Abortion of products of conception, percutaneous endoscopic approach
  - o **10A07ZZ** – Abortion of products of conception, via natural or artificial opening
  - o **10A08ZZ** – Abortion of products of conception, via natural or artificial opening, endoscopic
  - o **10A07Z6** – Abortion of Products of Conception, Vacuum, Via Natural or Artificial Opening
  - o **10A07ZW** – Abortion of Products of Conception, Laminaria, Via Natural or Artificial Opening
  - o **10A07ZX** - Abortion of Products of Conception, Abortifacient, Via Natural or Artificial Opening
  - o **10D17Z9 –** Manual Extraction of Products of Conception, Retained, Via Natural or Artificial Opening
  - o **10D17ZZ** – Extraction of Products of Conception, Retained, Via Natural or Artificial Opening
  - o **10D18Z9** – Manual Extraction of Products of Conception, Retained, Via Natural or Artificial Opening Endoscopic
  - o **10D18ZZ** - Extraction of Products of Conception, Retained, Via Natural or Artificial Opening Endoscopic
  - o **10D20ZZ –** Extraction of Products of Conception, Ectopic, Open Approach
  - o **10D24ZZ** – Extraction of Products of Conception, Ectopic, Percutaneous Endoscopic Approach

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	o **10D27ZZ** – Extraction of Products of Conception, Ectopic, Via Natural or Artificial Opening
	
	o **10D28ZZ** - Extraction of Products of Conception, Ectopic, Via Natural or Artificial Opening Endoscopic
	
	Abortions that are the result of a pregnancy due to rape, incest, or certified by a physician as life threatening or endangering the life of the mother must append the following modifier to the CPT procedure code(s) on an Outpatient facility claim or add one of the following Condition codes in the noted Field Locator:
	
	    o **Outpatient Facility Claims**: add the following modifier to the procedure code billed in Field Locator 44
	        o *Modifier G7 – Pregnancy resulted from rape or incest, or pregnancy certified by physician as life threatening or endangering*
	    o **Inpatient and Outpatient Claims:** Add one of the following Condition Codes in Field Locators 18-28:
	        o **AA** – Abortion performed due to rape
	        o **AB** - Abortion performed due to incest
	        o **AD** - Abortion performed due to life endangering physical condition

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined at Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	
Laws, Regulations & Standards	• Affordable Care Act (ACA) of 2010 • Emergency Medical Treatment and Active Labor Act (EMTALA) • RCW 48.43.073-Required Abortion Coverage
References	• Centers for Medicare and Medicaid Services (CMS) Manuals: Medicare Claims Processing Manual, Publ. 100-04, Ch. 3, Sect 100.1 (Transmittal 2397/CR7687) • CMS Healthcare Common Procedure Coding System (HCPCS) Level II codes and modifiers • American Medical Association's Current Procedural Terminology (AMA/CPT) codebook • ICD-10 PCS Procedure Coding System Codebook

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	05/14/24; 09/06/23; 07/07/23; 08/18/22; 05/12/22; 05/27/21; 06/15/20; 07/12/19; 08/09/18; 10/19/17; 10/19/16; 11/15/15; 11/23/14; 12/15/13	
Version History	08/09/18	Annual Review; no changes
	07/12/19	Annual Review; no changes
	06/15/20	Revised the Purpose statement to indicate this policy refers to services billed on a CMS-1450 or 837I claim form. Moved the "Field Locator"

		references to the sub-bullets after the second paragraph: Condition Codes, CPT Procedure Codes and ICD-10 PCS Procedure codes
	05/27/21	Annual review; no changes
	05/12/22	Annual review; no changes
	08/18/22	Broadened the policy to cover ALL abortions.
	07/07/23	In the Policy section, under the Outpatient Facility Claims Only subsection, added HCPCS abortion procedure codes for induced abortions.
	09/06/23	In the Policy section, under the Inpatient Facility Claims Only subsection, added four PCS procedure codes to the bottom of the list for ectopic abortions.
	05/14/24	In the Policy section, removed the last paragraph concerning all other abortions did not need to append modifiers or include a condition code.