

Payment Policy

Title	Abortions –Professional Services		
Number	CP.PP.383.v1.8		
Last Approval Date	02/04/25	Original Effective Date	01/01/14
Replaces			
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 professional or facility 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 CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premiera Blue Cross, Premiera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premiera Blue Cross HMO lines of business and products.
Policy	<p>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 provided that are inconsistent with state and federal laws.</p> <p>Abortions should be submitted with the following codes on a professional claim form:</p> <ul style="list-style-type: none"> • <u>CPT Procedure Codes</u> <ul style="list-style-type: none"> ○ 59812 - Treatment of incomplete abortion, any trimester, completed surgically ○ 59820 - Treatment of missed abortion, completed surgically; first trimester ○ 59821 – Treatment of missed abortion, completed surgically; second trimester ○ 59830 - Treatment of septic abortion, completed surgically ○ 59840 - Induced abortion, by dilation and curettage ○ 59841 - Induced abortion, by dilation and evacuation ○ 59850 - Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines ○ 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 ○ 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) ○ 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

	<ul style="list-style-type: none"> ○ 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 ○ 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 ○ 59866 – Multifetal pregnancy reduction(s) (MPR) <ul style="list-style-type: none"> ● <u>HCPCS Procedure Codes</u> <ul style="list-style-type: none"> ○ 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 ○ S2260 – Induced abortion, 17 to 24 weeks ○ S2265 – Induced abortion, 25 to 28 weeks ○ S2266 – Induced abortion, 29 to 31 weeks ○ S2267 – Induced abortion, 32 weeks or greater <p>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 have modifier G7-Pregnancy resulted from rape or incest, or a pregnancy certified by physician as life threatening or endangering, appended to the procedure code.</p>
Violations of Policy	<p>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.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	
Laws, Regulations & Standards	<ul style="list-style-type: none"> ● Affordable Care Act (ACA) of 2010 ● Emergency Medical Treatment and Active Labor Act (EMTALA) ● RCW 48.43.073-Required Abortion Coverage
References	<ul style="list-style-type: none"> ● 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
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	02/04/25; 05/14/24; 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	In the Purpose statement, indicated that the policy applied to services billed on a CMS-1500 or 837P claim form.
	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, added HCPCS abortion procedure codes for induced abortions.
	05/14/24	In the Policy section, removed the last paragraph which indicated that other abortion procedures do not require a modifier.
	02/04/25	Annual Review; no changes