



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

Med-QUEST Division  
Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

September 28, 2015

MEMORANDUM

MEMO NO.  
FFS-1512  
[Replaces ACS M12-09]

TO: Physicians, Clinic Providers, Hospitals and Free Standing Ambulatory Surgical Centers that Provide Intentional Termination of Pregnancy (ITOP) Services

FROM: Judy Mohr Peterson, PhD *JMP*  
Med-QUEST Division Administrator

SUBJECT: REVISED GUIDELINES FOR SUBMITTAL AND PAYMENT OF INDUCED/INTENTIONAL TERMINATION OF PREGNANCY (ITOP) CLAIMS.

This Memorandum replaces ACS Memo M12-09, dated November 14, 2012. In issuing this memorandum, the Med-QUEST Division clarifies policies on ITOPs and ITOP related services.

**A. GENERAL**

1. With few exceptions, medical services provided to persons eligible for Medicaid in Hawaii are funded by both the federal government and the State of Hawaii. However, Hawaii Medicaid has elected to cover induced/intentional termination of pregnancy (ITOP) with State funds only.
2. Hawaii Medicaid limits the coverage of ITOP services to those services directly related to the surgical and non-surgical methods for inducing an abortion. Examples of services that should not be billed on ITOP claims are:
  - Contraceptive management
  - LARC (long-acting reversible contraception)-- intrauterine devices (IUDs) and birth control implants
  - Missed abortions

- Threatened abortion
  - Incomplete abortions
  - Follow-up evaluation and management (E&M) services after the surgical follow-up period or fourteen (14) days after the medical ITOP
  - Routine (E&M) visits during the surgical follow-up period or medical ITOP period
  - Pregnancy tests, genetic testing, complete blood counts, hemoglobin and hematocrits performed more than two days prior to a woman's decision to have an ITOP
  - Complications related to the ITOP after the ITOP surgical follow-up period or 14 days after the medical ITOP
  - Immunizations such as the influenza vaccine
3. All ITOPs and services covered by Medicaid that are directly connected to the ITOP procedure for women in QUEST Integration and the Medicaid Fee-For-Service (FFS) program must be billed to Medicaid's Fiscal Agent, Xerox, at the following address:
- Xerox  
P.O. Box 1220  
Honolulu, Hawaii 96807-1220
4. All claims for ITOPs and ITOP related professional services must be submitted with the primary diagnosis (diagnosis A) identified in Section A below electronically or hard copy in CMS 1500 claim format.
5. To expedite claims processing and to avoid denials of payment, the ITOP procedure and all ITOP related services performed by a provider should be submitted on the same claim.
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6. Services not directly related to the ITOP should be submitted to the member's QUEST Integration health plan and not included in the ITOP claim. (Examples are birth control pills, implants, injectable contraceptives, intrauterine devices).
7. Services prior to a member's decision to terminate pregnancy, including but not limited to pregnancy testing, amniocentesis, ultrasound studies, alpha-fetoprotein, and chromosome analysis remain the responsibility of her health plan.
8. If a woman has a private health insurance that covers ITOPs, this insurer must be billed prior to submitting a claim to Medicaid. Claims billed to Medicaid that were first submitted to a private health insurer must be submitted to Medicaid with the private health insurance explanation of benefits (EOB).
9. Inpatient hospital and hospital emergency room services for the treatment of ITOP complications that occur within ten (10) days of the outpatient ITOP are covered under the Fee-For-Service (FFS) program. Medically indicated services after the ten (10) day follow-up

period should be billed to the member's health plan with a primary diagnosis that is not related to an ITOP.

10. UB04 Form Locator (FL) block 66 (Principle Diagnosis) and FL block 69 (Admitting Diagnosis) must be consistent with a diagnosis found in Section A below.

**B. DIAGNOSIS CODES FOR ITOPs**

1. To expedite the correct processing of ITOP claims by Hawaii Medicaid's Fiscal Agent, Xerox, an ITOP primary diagnosis must be entered in Form Locator (FL) 21.A. on the CMS 1500 claim form or FL 66 on the UB04 claim form.
  - a. For dates of service prior to October 1, 2015 claims must be submitted with ICD-9 codes in the range 635.0X to 635.9X.
  - b. For dates of service on or after October 1, 2015, ITOP claims must be submitted with ICD-10 one of the ICD-10 diagnosis codes in the following table as the principal diagnosis.
2. The table below includes ICD-10 codes for dates of service on or after October 1, 2015.

ICD-10 Diagnosis	Description
Z33.2	Encounter for elective termination of pregnancy, uncomplicated
O04.5	Genital tract infection following (induced) termination of pregnancy
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.84	Damage to pelvic organs following (induced) termination of pregnancy
O04.82	Renal failure following (induced) termination of pregnancy
O04.83	Metabolic disorder following (induced) termination of pregnancy
O04.81	Shock following (induced) termination of pregnancy
O04.7	Embolism following (induced) termination of pregnancy
O04.85	Other venous complications following (induced) termination of pregnancy
O048.6	Cardiac arrest following (induced) termination of pregnancy
O04.87	Sepsis following (induced) termination of pregnancy
O04.88	Urinary tract infection following (induced) termination of pregnancy
O04.8	(Induced) termination of pregnancy with other and unspecified complications
O04.80	(Induced) termination of pregnancy with unspecified complications
O04.89	(Induced) termination of pregnancy with other complications
O07	Failed attempted termination of pregnancy
O07.0	Genital tract and pelvic infection following failed attempted termination of pregnancy
O07.1	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
O07.2	Embolism following failed attempted termination of pregnancy
O07.3	Failed attempted termination of pregnancy with other and unspecified complications

O07.30	Failed attempted termination of pregnancy with unspecified complications
O07.31	Shock following failed attempted termination of pregnancy
O07.32	Renal failure following failed attempted termination of pregnancy
O07.33	Metabolic disorder following failed attempted termination of pregnancy
O07.34	Damage to pelvic organs following failed attempted termination of pregnancy
O07.35	Other venous complications following failed attempted termination of pregnancy
O07.36	Cardiac arrest following failed attempted termination of pregnancy
O07.37	Sepsis following failed attempted termination of pregnancy
O07.38	Urinary tract infection following failed attempted termination of pregnancy
O07.39	Failed attempted termination of pregnancy with other complications
O07.4	Failed attempted termination of pregnancy without complications

**C. FIRST TRIMESTER SURGICAL ITOPS PERFORMED IN THE PHYSICIAN OFFICE AND CLINIC SETTINGS – PLACE OF SERVICE (POS) 11**

1. Bill services with ITOP code 59840. This code has a follow-up period of ten (10) days. No routine post operative/follow-up evaluation and management service should be billed to Medicaid during this period. Medically indicated services after the ten (10) day follow-up period should be billed to the member's health plan with a primary diagnosis that is not related to an ITOP.
2. One Surgical Tray is reimbursable using code A4550-52. This code includes sedative medications, routine antibiotics, anesthetic agents, all sterile supplies provided before and after the procedure. The miscellaneous supply codes (A4649 and 99070) are not reimbursable. No separate reimbursement is allowed for laminaria and/or laminaria insertion (59200). The surgical tray includes all medications provided pre and post operatively. Medications such as antibiotics, local anesthetics, medications for pain should not be billed on the ITOP claim or to Xerox PBM (Pharmacy benefit manager). Administration of any medications is not separately payable.
  - a. A paracervical block coded as 64435 is reimbursable.
  - b. If the provider has access to a previous urine pregnancy test, ultrasound report confirming a first trimester pregnancy, and/or hemoglobin/hematocrit, they should not be repeated.
  - c. If a pregnancy test or ultrasound report is not available, the MQD will pay for ONE but not both. A hemoglobin or hematocrit is payable if performed by the provider and if a hemoglobin/hematocrit report is not available to the provider.

- d. If performed by the provider in the office/clinic, transvaginal (76817) or limited abdominal ultrasounds (76815 or 76816) may be covered. Only one ultrasound is covered prior to the ITOP procedure.
3. If a woman is RH negative (D-negative), Rho(D) immune globulin is covered under the ITOP benefit and should be billed hard-copy on a CMS 1500 form or on a DHS Form 204 Drug Claim form to Xerox PBM. Follow the billing instructions in Section H below.
4. Intraoperative ultrasounds are NOT covered unless medically indicated. An operative report must be submitted for consideration.

**D. FIRST TRIMESTER ITOPS PERFORMED IN THE OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER (ASC) SETTINGS—POS 22 OR 24**

1. Bill services with ITOP code 59840. This code has a follow-up period of ten (10) days. No post operative/follow-up evaluation and management service should be billed to Medicaid during this period. Medically indicated services after the 10 day follow-up period should be billed to the member's health plan with a primary diagnosis that is not related to the ITOP.
  2. Surgical trays (A4550-52) and paracervical blocks (64435) are not covered.
  3. Urine pregnancy testing, ultrasound, and other laboratory and imaging studies performed on the same day as the ITOP are included in the global payment to the hospital or ASC and not separately payable or billable by the physician.
  4. Complicated ITOPs should be coded as 59840-22. An operative report must be submitted.
  5. General anesthesia is covered and separately billable by the anesthesiologist.
  6. The interpretation of intraoperative ultrasounds by the surgeon is not covered unless medically indicated. An operative report must be submitted for consideration. The technical component of the intraoperative ultrasound is included in the global payment to the hospital or ASC.
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7. If a woman is RH negative (D-negative), Rho(D) immune globulin is covered under the ITOP benefit and should be billed to Xerox PBM by the facility. The administration of Rho(D) immune globulin is not separately payable to either the surgeon or facility.

**E. ITOPS PERFORMED IN THE PHYSICIAN OFFICE/CLINIC SETTINGS FOR PREGNANCIES OF FOURTEEN (14) WEEKS OR MORE—POS 11**

1. The physician office/clinic must follow the American College of Obstetricians and Gynecologists (ACOG) guidelines for outpatient ITOP services. These guidelines require that the provider have a plan to provide prompt emergency services and a mechanism for transferring patients who require emergency treatment if complications occur. Thus, providers who elect to perform ITOPs in the office/clinic setting for

pregnancies of 14 weeks gestation or more must have written policies and procedures to prevent complications. These policies and procedures shall include established careful selection criteria for ITOPs for women with pregnancies of fourteen (14) weeks or more to be performed in these outpatient settings, appropriate staff training, and adequate monitoring equipment. In addition, the provider shall keep a written record of complications that occurred.

2. Bill services with ITOP code 59841-22. This code has a follow-up period of ten (10) days. No post operative/follow-up evaluation and management service should be billed to Medicaid during this period. Medically indicated services after the ten (10) day follow-up period should be billed to the member's health plan with a primary diagnosis that is not related to the ITOP.
3. ITOPs performed in this category have a reimbursement of 150% of the rate for 59841. Gestational age must be noted in Form Locator (FL) block 19 of the CMS 1500 claim form.
4. Coverage of surgical trays (A4550-52), paracervical blocks (64435), pregnancy test, ultrasound, and hemoglobin/hematocrit is the same as detailed in section B. FIRST TRIMESTER ITOPS IN THE OFFICE/CLINIC SETTING Numbers 3-7.
5. Laminaria insertion (59200) is covered. No surgical tray is covered for laminaria insertion. No separate reimbursement for laminaria is allowed.

**F. ITOPS PERFORMED IN THE OUTPATIENT HOSPITAL OR ASC SETTING FOR PREGNANCIES OF FOURTEEN (14) WEEKS OR MORE—POS 22 OR 24**

1. The code 59841 should be used. If the procedure is complicated, the code 59841-22 should be used and an operative report submitted.
2. Surgical trays (A4550-52) and paracervical blocks (64435) are not covered.
3. If a gestational age of fourteen (14) weeks or more is noted in FL block 19, laminaria insertion (59200) performed on the day before the ITOP or on the day of the ITOP is payable. ~~No surgical tray is covered for laminaria insertion.~~
4. Urine pregnancy testing, ultrasound, and other laboratory and imaging studies performed on the same day as the ITOP are included in the global payment to the hospital or ASC and not separately payable or billable by the physician.
5. General anesthesia is covered and separately billable by the anesthesiologist.
6. The interpretation of intraoperative ultrasounds by the surgeon is not covered unless medically indicated. An operative report must be submitted for consideration. The technical component of the intraoperative ultrasound is included in the global payment to the hospital or ASC.

- If a woman is RH negative (D-negative), Rho(D) immune globulin is covered under the ITOP benefit and should be billed to Xerox PBM by the facility. The administration of RHo(D) immune globulin is not separately payable to either the surgeon or facility.

**G. ITOPS IN THE INPATIENT SETTING - POS 21**

- Codes 59850, 59851, 59852, 59855, 59856, and 59851 are induced ITOP codes that include hospital admission and visits. Thus, these must be performed in the inpatient hospital setting.
- The follow-up period for these codes is ninety (90) days. No routine post-operative/follow-up evaluation and management service should be billed to Medicaid during this period. The treatment of complication(s) in the ninety (90) day follow-up period is billable to Medicaid. Diagnosis A must be in the range of 635.X-635.9X (ICD-9) or one of the ICD-10 codes listed in Section A. Treatment codes must have diagnoses that identify the complication(s) listed as diagnoses B through L. Diagnosis pointer should include each applicable diagnosis per line. Medically indicated services after the ninety (90) day follow-up period should be billed to the member's health plan with a primary diagnosis that is not related to the ITOP.

**H. MEDICAL ITOPS**

- A "medical abortion/ITOP" uses orally administered drugs to terminate a pregnancy. It is covered by the MQD under the following conditions:
  - The pregnancy must be in the early first trimester within nine (9) weeks.
  - The drugs used are mifepristone (S0190) one 200 mg tablet in combination with misoprostol (S0191) up to four (4) 200 mcg tabs. These must be submitted as detailed below.

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS		MODIFIER						
N64875000103						Mifepristone (oral) 200 MG UN 1					1	103.50	1		NPI	
MM	DD	YY	MM	DD	YY	11		S0190								

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS		MODIFIER						
N00025145120						Misoprostol Oral 100 MCG UN 8					1	11.04	4		NPI	
MM	DD	YY	MM	DD	YY	11		S0191								

- If the ITOP cannot be completed with the drugs listed above, a surgical ITOP using the code 59840 performed in the office/clinic or the outpatient hospital/ASC is covered.
- A transvaginal (76817) ultrasound prior to administration of the drugs and a follow-up transvaginal ultrasound performed within fourteen (14) days to confirm that the pregnancy has been terminated are covered.
- An office/clinic evaluation and management service provided on the date the drugs are administered and on the follow-up visit are covered.

## **I. DRUGS RELATED TO ITOPS**

Drugs that are included in the surgical tray, payable as a medical ITOP and not directly related to the ITOP are not reimbursable under the ITOP benefit. Drugs such as Rh immunoglobulins (MICRhoGAM, RhoGam, etc.) to prevent sensitization of a Rh negative woman and given by the physician/facility on the day of the surgical/medical ITOP (but not included in a surgical tray) should be billed either on the CMS 1500 with the NDC# and NCPDP units (using the format above) or on the DHS Form 204 Drug claim form. Clearly write ITOP on the top right hand corner of the claim form if using the CMS 1500, do not bill the drug on the same claim as the ITOP and medical services/tray covered under the ITOP benefit. These drugs should not be billed to the woman's QUEST Integration plan.

To expedite claims processing, address the claim as follows:

Xerox  
Attn: ACS PBMS Claims  
P.O. Box 1220  
Honolulu, Hawaii 96807-1220

## **J. TRANSPORTATION, LODGING , AND MEALS**

1. Arrangements for interisland air and ground transportation and lodging and meals for women on neighbor islands who need surgical ITOPs done on another island are made by Community Case Management Corp. (CCMC).
2. The interisland travel, ground transportation, lodging and meals must be requested by the physician on the DHS 208 form. After the form is completed by the physician, it should be faxed to CCMC at (808) 792-1098.
3. The form is then reviewed by the MQD's Medical Director. Upon approval, CCMC coordinates travel.
4. For clarification on this process, please contact the CCMC Medical Coordinator at (808) 792-1051.

Attached are the current rates for the services listed above and a summary of services covered in different places of service (Attachment A).

Attachments



**SURGICAL ITOP CODES**

CODE	DESCRIPTION	CURREN T RATE	POS 11	POS 22 & 24	POS 21	CLARIFICATION
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	172.92	Yes	Yes	No	
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	263.62	Yes*	Yes	No	*Payable at 150% in POS 11 for pregnancies of 14 weeks gestation when coded as 59841-22
59850	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS	273.77	No	No	Yes	Detailed description in table below
59851	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS	284.58	No	No	Yes	Detailed description in table below
59852	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS	383.33	No	No	Yes	Detailed description in table below
59855	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES	292.02	No	No	Yes	Detailed description in table below
59856	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES,	352.77				Detailed description in table below
59857	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES	434.41				Detailed description in table below

**SURGICAL ITOP RELATE CODES**

64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	26.74	Yes	No	No	Paid at 50% of rate according to multiple surgery rules
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	29.09		No	No	29.09 on the day before to ITOP; on the day of the ITOP paid at 50% of the rate; only payable for gestational age 14 weeks or more
A4550-52	SURGICAL TRAYS	20.80	Yes	No	No	
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED	84.72	Yes	No	No	Only one of these codes is payable prior to the ITOP; detailed description in table
76816	ULTRASOUND, PREGNANT UTERUS,	70.34	Yes	No	No	

	REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,						below
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	74.64	Yes	No	No	No	
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	8.74	Yes	No	No	No	Not payable if done on same day as an ultrasound
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	3.27	Yes	No	No	No	Only one of these is payable
85014	BLOOD COUNT; HEMATOCRIT (HCT)	3.25	Yes	No	No	No	
<b>MEDICAL ITP CODES</b>							
S0190	MIFEPRISTONE, ORAL, 200 MG	81.05	Yes	No	No	No	Dispensing fee included in this rate; one tablet payable
S0191	MISOPROSTOL, ORAL, 200 MCG	2.36 per tablet	Yes	No	No	No	Up to 4 200mcg tablets payable; Dispensing fee included in this rate
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	74.64	Yes	No	No	No	

### DETAILED DESCRIPTIONS

Code	Complete Description
59850	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;
59851	INDUCED ABORTION, BY 1 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 1 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 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;
59856	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR

	EVACUATION	
59857	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED MEDICAL EVACUATION)	
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES	
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG RE-EVALUATION OF FETAL SIZE BY MEASURING STANDARD GROWTH PARAMETERS AND AMNIOTIC FLUID VOLUME, RE-EVALUATION OF ORGAN SYSTEM(S) SUSPECTED OR CONFIRMED TO BE ABNORMAL ON A PREVIOUS SCAN), TRANSABDOMINAL APPROACH, PER FETUS	