

Attachment A

SURGICAL ITOP CODES						
CODE	DESCRIPTION	CURRENT 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	No	No	Yes	Detailed description in table below
59857	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES	434.41	No	No	Yes	Detailed description in table below
SURGICAL ITOP RELATED 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 (E.G., 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 13 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 below
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP	70.34	Yes	No	No	
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	74.64	Yes	No	No	

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81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	8.74	Yes	No	No	Not payable if done on same day as an ultrasound
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	3.27	Yes	No	No	Only one of these is payable
85014	BLOOD COUNT; HEMATOCRIT (HCT)	3.25	Yes	No	No	
MEDICAL ITOP CODES						
S0190	MIFEPRISTONE, ORAL, 200 MG	81.05	Yes	No*	No	Dispensing fee included in this rate; one tablet payable
S0191	MISOPROSTOL, ORAL, 200 MCG	2.36 per tablet	Yes	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	

***Allowed when prescribed and dispensed by or under the supervision of a healthcare provided who meets REMS requirements 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 (E.G., 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 (E.G., 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 (E.G., PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G., 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 (E.G., 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 (E.G., 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