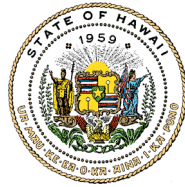


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December 30, 2024

MEMORANDUM

MEMO NO.

FFS 24-10 [Replaces FFS 21-04]

**TO:** Physicians, APRNs, Midwives, Clinic Providers, Hospitals, and Free-Standing Ambulatory Surgical Centers that Provide Induced Abortion Services

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

**SUBJECT:** UPDATED GUIDELINES FOR SUBMITTAL AND PAYMENT OF INDUCED ABORTION CLAIMS

This Memorandum replaces FFS 21-04 dated May 10, 2021, and FFS 22-01 dated January 7, 2022. In issuing this memorandum, the Med-QUEST Division clarifies policies on induced abortion and services related to induced abortion.

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## I. GENERAL OVERVIEW

Hawaii Medicaid covers induced abortion services with 100% State funds. This requires induced abortion services to be billed directly to Hawaii’s Medicaid Fee-For-Service (FFS) program, not the QUEST Integration (QI) health plans. Throughout this memorandum, the term abortion is used to reference induced abortion. Miscarriages, including missed, threatened, delayed, incomplete, complete, recurrent, or septic miscarriages are not the focus of this memorandum and must be billed to the QI health plans.

### A. What is Covered by Hawaii Medicaid FFS?

1. Induced abortion is a covered benefit up to the fetal viability.
2. Medical justification and prior authorization for induced abortions are not required.
3. Hawaii Medicaid Fee-For-Service only covers induced abortion services and supplies directly related to the procedural and non-procedural methods for inducing an abortion.

## B. What is NOT Covered by Hawaii Medicaid FFS and is billed to QUEST Integration Health Plans?

Services prior to a member's decision to undergo an induced abortion are billed to the member's QI health plan. The following services are examples of what is billed to the QI plan, and NOT billed to FFS:

1. Pregnancy tests, genetic testing, complete blood counts, hemoglobin and hematocrits performed before a member's decision to terminate pregnancy;
2. amniocentesis;
3. ultrasound studies;
4. alpha-fetoprotein;
5. chromosome analysis;
6. contraceptive management;
7. long-acting reversible contraception (LARC) - intrauterine devices (IUDs) and contraceptive implants;<sup>1</sup>
8. family planning;
9. missed miscarriage;
10. threatened miscarriage; and
11. incomplete miscarriage.
12. Follow-up evaluation and management evaluation and management (E&M) services more than ten (10) days after the procedural follow-up period or fourteen (14) days after the induced medication abortion follow-up period;
13. Complications related to the induced abortion after the 10-day procedural follow-up period or fourteen (14) days after the induced medication abortion; and

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<sup>1</sup> Providers are strongly encouraged to immediately initiate the member's desired contraceptive of choice in conjunction with induced abortion services when clinically feasible. Contraceptive care requested by the member and delivered by the abortion provider are billed to the QI plan.

14. Routine E&M visits during the procedural follow-up period or induced medical abortion follow-up period; and
15. Immunizations such as the Tdap, RSV, or influenza vaccine.

## II. Billing

### A. Overview

- Claims can be submitted via Electronic Data Interchange (EDI) in 837 format or on a CMS 1500 claim form. See Attachment A for guidance on how to bill using the CMS 1500 claim form.
- Each claim must include all services delivered by that provider for one patient on the same claim.
- A primary diagnosis from Section III. must be indicated.
- Providers must be enrolled with Hawaii Medicaid as a provider and practicing within their Hawaii State licensed scope of practice to be eligible for reimbursement of services delivered to Medicaid members.
- Federally Qualified Health Centers (FQHCs) may submit claims for induced abortion services separate from PPS claims via the EDI in 837 format or on a CMS 1500 claim form. To be reimbursed, claims must include the individual rendering provider National Provider Identifier (NPI), and the FQHC NPI as the billing provider in addition to all other billing requirements.
- Laboratories performing tests may submit claims for laboratory tests directly associated with the induced abortion that are ordered by the abortion provider and performed by the laboratory. Laboratory tests may be performed on the same day as the induced abortion, within ten (10) days after the procedural follow-up period or fourteen (14) days after the induced medication abortion follow-up period. Laboratory claims are submitted through EDI or on a CMS 1500 claim form as indicated below.
- If a member has primary health insurance that covers induced abortion, the primary insurer must be billed prior to submitting a Medicaid FFS claim. Claims billed to Medicaid that were first submitted to a private health insurer must be

submitted to the Medicaid Fiscal Agent with the private health insurance explanation of benefits (EOB).

- Rates for induced abortion services can be found on [Med-QUEST's Current Medicaid Fee-for-Service Fee Schedule](#).

## B. How to submit medical claims to the Medicaid Fiscal Agent

To expedite claims processing, claims for induced abortion services performed by a professional provider, laboratory, or free-standing ambulatory surgical center must be submitted to Hawaii Medicaid's Fiscal Agent.

- (a) To submit claims directly via EDI, providers must enroll as a trading partner with the Hawaii Medicaid Fiscal Agent. [The Med-QUEST Division EDI manual can be found on the Med-QUEST website](#).
- (b) Contact [hi.ecstest@conduent.com](mailto:hi.ecstest@conduent.com) to enroll as a trading partner.
- (c) Enrolled trading partners may submit claims by 837P files via EDI WINASAP5010. Enrolled Medicaid providers may also submit hard copy claims on CMS 1500 claim forms by mail to the following address:

Hawaii Medicaid Fiscal Agent  
P.O. Box 1220  
Honolulu, Hawaii 96807-1220

## C. Billing Pharmacy Dispensed Medications

Medications for and associated with induced abortion that are dispensed by a pharmacy are billed through point of sale by the pharmacy.

To expedite processing when sending paper claims using the CMS 1500 claim form, clearly write ITOP on the top right-hand corner of the claim form, and address to:

Hawaii Medicaid Fiscal Agent  
Attn: ITOP PBM Claims  
P.O. Box 1480  
Honolulu, Hawaii 96806-1480

### III. DIAGNOSIS CODES FOR INDUCED ABORTION

To expedite processing of induced abortion claims by Hawaii Medicaid's Fiscal Agent, induced abortion claims must be submitted with one of the ICD-10 diagnosis codes in the following table as the principal diagnosis listed in one of the following locations:

- A. CMS 1500 claim form: Form Locator (FL) 21.A
- B. 837P claim form: 2300 HI01, HI12 – Claim Information
- C. UB04 claim form: FL 66 and FL block 69 (Admitting Diagnosis) must be consistent with a diagnosis found in the Section A table below:

ICD-10 Diagnosis	Description
Z33.2	Encounter for elective termination of pregnancy, uncomplicated
O04.80	(Induced) termination of pregnancy with unspecified complications
O04.89	(Induced) termination of pregnancy with other complications
O07.30	Failed attempted termination of pregnancy with unspecified complications
O07.39	Failed attempted termination of pregnancy with other complications
O07.4	Failed attempted termination of pregnancy without complications

### IV. Outpatient Procedure Bundles

Med-QUEST has three induced abortion bundles. Each bundle includes all procedures and supplies under a single code. The three bundles are for induced medication abortion (SO199), induced procedural abortion in the first trimester (59840), and induced procedural abortion after the first trimester (59841). All services delivered to a member by the induced abortion provider in clinic, outpatient hospital, or ambulatory surgical centers are included in the bundled rate. This means that any claims with individual services submitted after the bundle codes (SO199, 59840, 59841) will be denied throughout the follow up period for the bundle.

Places of Service (POS)	
POS 11	PHYSICIAN OFFICE AND CLINIC SETTINGS
POS 22	OUTPATIENT HOSPITAL
POS 24	AMBULATORY SURGICAL CENTER (ASC) SETTINGS

HCCPS	Service Description	
SO199	MEDICALLY INDUCED ABORTION, BY MEDICATION	
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	* 59840-22 for complicated procedure
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	* 59841-22 for complicated procedure

Please note the following:

- Gestational age must be noted on claim form. FL block 19 if using the CMS 1500
- Urine pregnancy testing, ultrasound, surgical trays, paracervical block, and imaging studies performed on the same day as the induced abortion by the abortion provider in the clinic are included in the bundle payment and not separately billable by the physician, clinic, hospital, or ASC.
- Three (3) exceptions reimbursed outside of the bundle are:
  1. Laboratory tests directly related to the induced abortion procedure ordered by the provider and performed by a laboratory can be billed separately by the laboratory.
  2. RhoGAM, if a member is RH negative, is covered under the induced abortion benefit and is billed by the servicing provider on the same claim as the bundle. If RhoGAM is dispensed by a facility or stand-alone pharmacy, it is billed to the Hawaii Medicaid Fiscal Agent pharmacy benefit manager (PBM).
  3. General anesthesia delivered by an anesthesiologist is covered and separately billable by the anesthesiologist.
- All E&M codes associated to the induced abortion are reimbursed through the bundled procedure codes.

- Pregnancy intention screening, education, and counseling are included in all induced abortion bundles.

### A. First Trimester INDUCED MEDICATION ABORTION (MAB)

CPT	Procedure Description
S0199	MEDICALLY INDUCED ABORTION, BY MEDICATION

HCPCS	Medications
S0190	MIFEPRISTONE, ORAL, 200 MG
S0191	MISOPROSTOL, ORAL, 200 MCG

MAB is covered under the following conditions:

1. The pregnancy is within 70 days of gestation and is documented on the claim. FL block 19 if using the CMS 1500 claim form. The gestational age may be based on either ultrasound or human chorionic gonadotropin (hCG) measurement (urine or serum) and the member's last menstrual period. Claims for medication induced abortions performed after the 70th day following the first day of the recipient's last menstrual period will be denied.
2. Medications covered are mifepristone (S0190), one 200 mg tablet, in combination with up to four (4) 200 mcg misoprostol tabs (S0191).
3. MAB can be delivered via telehealth using S0191 with modifier 95. Medications may be mailed if meeting [Federal Drug Administration \(FDA\) Risk Evaluation and Mitigation Strategy \(REMS\) requirements](#).
4. Dispensing of Mifepristone by a provider or pharmacy must meet the [FDA REMS requirements](#). Medications dispensed by a Pharmacy are billed to the Medicaid Fiscal Agent's PBM. (See general billing section for details)
5. Reimbursement of code S0199 is restricted to once every five weeks.

MAB Bundle Reimbursement (S0199)

1. MAB services (S0199) are rendered to a member over the course of 14 to 18 days and include all office visits, ultrasounds, laboratory studies, urine pregnancy tests, counseling, education and follow up performed in the clinic. Duplicate claims submitted



for any MAB services rendered individually during the global billing period for a MAB will be denied.

2. If REMS requirements are met, MAB (S0199) may be delivered via telehealth. MAB medications (mifepristone and misoprostol) are covered when dispensed in office or mailed by a certified pharmacy to the patient.
3. Procedure bundle S0199 and provider dispensed medications are submitted on one claim and billed as three separate line items. (S0199, S0190, and S0191)
4. Laboratories submit claims through EDI or CMS 1500 claim form for laboratory performed tests ordered by the abortion provider. Laboratory claims are paid separately from the provider bundle rate.
5. If the abortion cannot be completed with the medications listed above, a procedural abortion using the code 59840 or 59841 performed in the office/clinic or the outpatient hospital/ASC is also covered.

**B. Outpatient INDUCED PROCEDURAL ABORTIONS (59840, 59841)**

CPT	Procedure Description	
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	* 59840-22 for complicated procedure

**FIRST TRIMESTER**

CPT	Procedure Description	
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	* 59841-22 for complicated procedure

**SECOND TRIMESTER AND BEYOND**

1. Induced procedural abortion services are billed using bundle codes 59840 or 59841 accordingly. These codes have a follow-up period of ten (10) days. No post-operative/follow-up evaluation and management service are billed to Medicaid during this period. Medically indicated services after the ten (10) day follow-up period are billed to the member’s health plan with a primary diagnosis that is not related to the induced abortion.
2. The physician office/clinic must follow the American College of Obstetricians and Gynecologists (ACOG) guidelines for outpatient induced abortion 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.

3. Clinically complicated induced procedural abortions coded with -22, must have an operative report submitted with the claim.

## V. HOSPITAL INDUCED INPATIENT ABORTIONS

- A. Codes 59850, 59851, 59852, 59855, and 59856 are induced abortion codes that include hospital admission and visits. Thus, these must be performed in the inpatient hospital setting.

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)

- B. The follow-up period for hospital inpatient procedures is ninety (90) days. No routine post-operative/follow-up evaluation and management service should not be billed to Medicaid during this period. Diagnosis must be one of the ICD-10 codes listed in

Section A. Treatment codes must have diagnosis that identifies the complication(s) listed as diagnoses. Diagnosis pointer must include each applicable diagnosis per line. Medically indicated services after the ninety (90) day follow-up period are billed to the member's QI health plan with a primary diagnosis that is not related to the induced abortion.

- C. Services billed by hospitals must be submitted on UB04 forms or electronically in UB04 format.

## V. TRANSPORTATION, LODGING, AND MEALS

- A. Arrangements for interisland air, ground transportation, lodging, and meals for members who need induced procedural abortions on another island are made by the Med-QUEST Division's Clinical Standards Office (MQD/CSO). Ground transportation will only be arranged for members travelling interisland.
- B. Interisland travel, ground transportation, lodging and meals must be requested by the referring provider on the [DHS 208 form](#).
- C. After the form is completed by the provider, fax it to MQD/CSO at (808) 692-8131 or send it via secure email to [mqdcso@dhs.hawaii.gov](mailto:mqdcso@dhs.hawaii.gov).
- D. The form is reviewed by the MQD Medical Director. Upon approval, the MQD Finance Office will contact the member to arrange travel.

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Please direct any questions to the MQD provider hotline via email to:  
[hcsbinquiries@dhs.hawaii.gov](mailto:hcsbinquiries@dhs.hawaii.gov).

Attachment



Sample CMS 1500 claim form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <b>1</b>	PICA
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input checked="" type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <b>2</b>	1a. INSURED'S I.D. NUMBER (For Program in Item 1) 7894561235
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Kanaka, Leilani <b>3</b>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE MM DD YY 10 10 2001 <b>4</b>	5. PATIENT'S SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/> <b>5</b>
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	7. INSURED'S ADDRESS (No., Street)
8. RESERVED FOR NUCC USE	8. RESERVED FOR NUCC USE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
11. INSURED'S POLICY GROUP OR FECA NUMBER	11. INSURED'S POLICY GROUP OR FECA NUMBER
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File <b>7</b>	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a. NAME	17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 <b>8</b>
22. RESUBMISSION CODE ORIGINAL REF. NO.	23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPMS MODIFIER E. DIAGNOSIS POINTER	25. FEDERAL TAX I.D. NUMBER SSN EIN 123456789 <input type="checkbox"/> <input checked="" type="checkbox"/>
26. PATIENT'S ACCOUNT NO. <b>12</b>	27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>13</b>
28. TOTAL CHARGE \$ 1164.00	29. AMOUNT PAID \$
30. Rsvd for NUCC Use	31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <b>14</b> Dr. Example Provider
32. SERVICE FACILITY LOCATION INFORMATION a. 9876543210 b.	33. BILLING PROVIDER INFO & PH # ( ) <b>15</b> Example Provider Name Here

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Point 1- Box – Insurance Name	Insurance name – Check Medicaid Payor
Point 2 – Box 1a	Please indicate the Medicaid Recipient 10-digit Identification number.
Point 3 – Box 2	Please provide the name of the Medicaid Recipient
Point 4 – Box 3	Patient’s Date of Birth and Sex
Point 5 – Box 6	Always mark “SELF” for patient relationship to insured
Point 6 – Box 10 a, b, c	Mark “N for all three
Point 7 – Box 12	Signature on File
Point 8 - 9 – Box 21	ICD- Use ITOP ICD-10 diagnosis code, with an ICD-10 indicator of “0” in the field
Point 10 – Box 24 A, B, D, E, F, G J	<p>24 A Indicate the date of ITOP service</p> <p>24 B Indicate Place of Service 11</p> <p>24D Indicate 5-digit HCPC code (ITOP memo S0199, S0190, S0191)</p> <p>24E is the diagnosis pointer. Indicate “A” to indicate ICD-10 code in box 21A field.</p> <p>24F Charges for each line. Charges should equal the rate x units.</p> <p>24G indicates the units per HCPC code</p> <p>24J Indicates the provider NPI</p>
Point 11 – Box 25	Indicate Tax ID #
Point 12 – Box 27	Accept Assignment is “Yes”
Point 13 – Box 28	Total Charges from column 24F
Point 14- Box 31	Live inked signature and date
Point 15 – Box 33	Billing Information