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October 6, 2026

MEMORANDUM

MEMO NO.
QI-2622
FFS-26-09

TO: Certified FDA Risk Evaluation and Mitigation Strategies (REMS) Pharmacies, Obstetricians, Certified Nurse Midwives (CNM), Hospitals, QUEST Integration (QI) Health Plans

FROM: Meredith Nichols *me*
Med-QUEST Division Administrator

SUBJECT: COVERAGE OF PHARMACY DISPENSED MEDICATIONS USED FOR MANAGEMENT OF MISCARRIAGE AND INDUCED TERMINATION OF PREGNANCY (ITOP)

This memo:

1. Summarizes processes for pharmacies to have claims with ITOP or Spontaneous Termination of Pregnancy diagnoses at POS (Point of Sale) efficiently adjudicated by the appropriate payor.
2. Updates section II.C. (Billing Pharmacy Dispensed Medications) of FFS 24-10 dated December 30, 2024, and provides additional information for coverage of medications when medically necessary management of miscarriage is covered by QUEST plans.

Background:

Hawai'i Medicaid covers management of spontaneous pregnancy miscarriage through the QUEST Integration medical benefit and QUEST plans. Hawai'i Medicaid separately covers induced termination of pregnancy with 100% State funds through the Medicaid Fee-For-Service (FFS) program administered by Conduent Pharmacy Benefits Administrator (PBA). Both spontaneous and induced termination of pregnancy may be medically managed with the same

medications. To prescribe medical abortion medications (mifepristone) a provider must be certified under the FDA REMS program. Certified prescribers have the option of stocking medications in clinic to dispense for termination of pregnancy. However, if the patient must obtain medications from a certified REMS pharmacy, this memo provides updated guidelines for reimbursement of pharmacy dispensed medications prescribed for these purposes.

In Hawai'i, medications prescribed to Medicaid members for pregnancy loss or termination must be covered without prior authorization. However, the pharmacy point-of-sale (POS) billing process is determined by the diagnosis.

The correct International Classification of Diseases (ICD-10) diagnosis must be included on prescriptions to the pharmacy. The pharmacy will not be able to process the claim without a valid ICD-10 code.

- Claims for medications used in support of ITOP should be routed to the Medicaid FFS program under the Conduent PBA system for adjudication. This is to ensure that these ITOP claims are State funded only.
- Claims for medical management of Spontaneous Termination of Pregnancy (such as miscarriage) should be processed under the QUEST Integration Health Plans.

To prevent members from experiencing delays in pregnancy care, it is imperative that the prescriber proactively furnishes the correct ICD-10 diagnosis on fax, hard copy, electronic, or call-in prescriptions to the pharmacy. The pharmacy will not be able to process the claim without a valid ICD-10 code.

Process Flow:

Pharmacy staff shall process the claim(s) for any National Drug Code (NDC) (any manufacturer/package size) for:

- i. Misoprostol 200mcg tablet OR
 - ii. Misoprostol 100mcg tablet OR
 - iii. Mifepristone 200mg tablet
- a. If the ICD-10 is one of these Spontaneous Termination of Pregnancy Management diagnosis codes:
1. O02.0
 2. O02.1
 3. O03.X through O03.XX

The claim must be approved through the member's Health Plan without restrictions.

b. If the ICD-10 is one of these Induced Termination of Pregnancy (ITOP) diagnosis codes:

c.

1. Z33.2
2. O04.8
3. O04.80
4. O04.89
5. O07
6. O07.30
7. O07.39
8. O07.4

The Health Plan claim is rejected, with a message to Bill to FFS (Conduent) using:

- i. BIN = 610084
- ii. PCN = DRHIPROD
- iii. GROUP = HAWAII1000

When billed to FFS with an ITOP diagnosis code, the claim must be approved by FFS (Conduent) without restrictions.

d. If the ICD-10 code is any other than those listed in a. or b. above, follow the Health Plan's existing coverage criteria and processes (such as if a plan requires Prior Authorization, non-formulary).

System Guidelines:

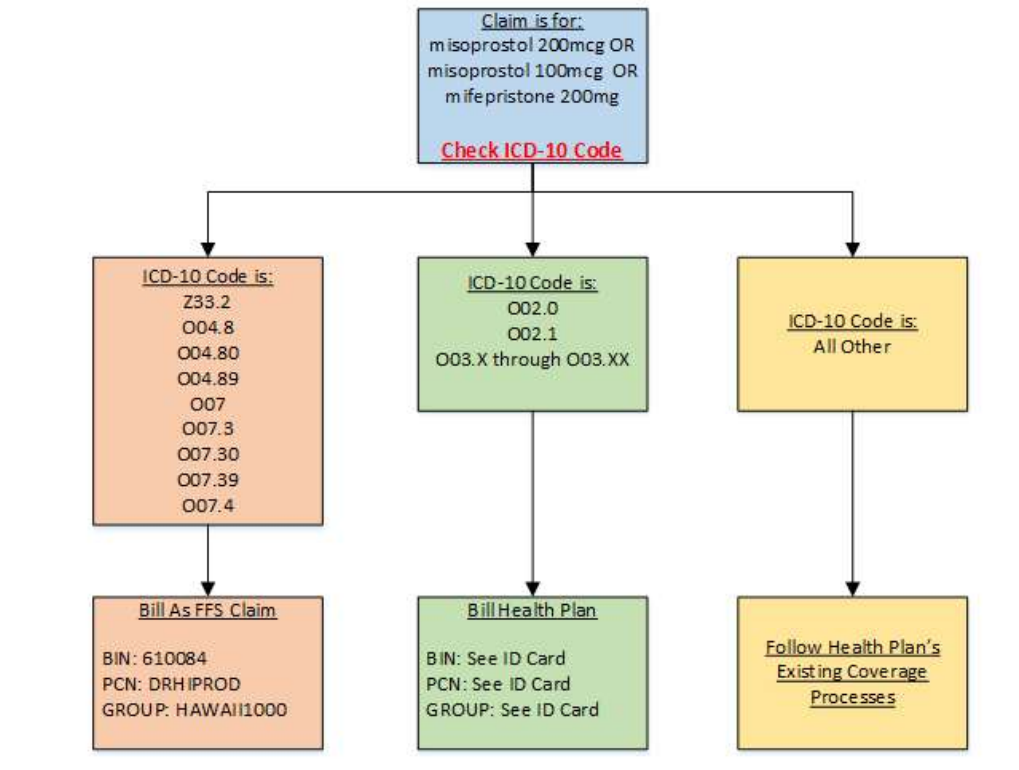
The Health Plans claims processing systems must have checks in place to:

- Ensure the system prompts the pharmacy to input the diagnosis code if it is not already on the POS claim
- Ensure claims without an ICD-10 code will be rejected/denied
- Ensure claims for ITOP diagnosis will be denied with a message to send to FFS (Conduent) for processing; and
- Ensure claims for any non-ITOP or non-Spontaneous Termination of Pregnancy ICD-10 diagnosis codes continue to follow the Health Plans' existing coverage processes

FFS Conduent PBA system has checks in place to:

- Deny the FFS claim with missing ICD-10 code with message indicating Missing or Invalid Diagnosis code.
 - The pharmacy should either resubmit the claim to FFS Conduent with a valid ITOP ICD-10 diagnosis code; OR
 - The pharmacy should resubmit the claim to the member's Health Plan if the ICD-10 diagnosis code is not one of the ITOP diagnosis codes identified in b. above.

Process Flow Diagram:



If any questions, please email HCSBInquiries@dhs.hawaii.gov