




STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Clinical Standards Office  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

July 2, 2010

MEMORANDUM

ACS M10-08

TO: Physician and Clinic Providers of Intentional Termination of Pregnancies

FROM: Kenneth S. Fink, MD, MGA, MPH   
Med-QUEST Division Administrator

SUBJECT: REIMBURSEMENT FOR INTENTIONAL TERMINATION OF PREGNANCIES  $\geq$  14 WEEKS GESTATION PERFORMED IN NON-FACILITY SETTINGS

The Med-QUEST Division (MQD) issues this memo to provide clarification on the billing and reimbursement of the intentional termination of pregnancy (ITOP) for any recipient [Fee-For-Service (FFS), QUEST, and QUEST Expanded Access (QExA)] at  $\geq$  14 weeks gestation performed in physician offices and free standing clinics.

Effective July 15, 2010, MQD is increasing the reimbursement for ITOP services performed for recipients at  $\geq$  14 weeks gestation performed in physician offices and free standing clinics. To be eligible for this higher reimbursement, the physician office or clinic must follow the American College of Obstetricians and Gynecologists (ACOG) guidelines for outpatient ITOP services.

The ACOG guidelines include a provider's ensuring a plan to provide prompt emergency services and a mechanism for transferring patients who require emergency treatment if a complication occurs. The provider must have policies and procedures in place to prevent complications, including established careful selection criteria for ITOP for women  $\geq$  14 weeks gestation to be performed in these outpatient settings, appropriate staff training, and adequate monitoring equipment. The provider must also keep track of complications on its ITOP for women  $\geq$  14 weeks gestation performed in these settings.

To receive the increased reimbursement, the provider should add modifier 22 to code 59841 in the CMS form 1500, and the gestational age of  $\geq$  14 weeks should be noted on field 19 of the form. MQD will then reimburse the code 59841 at 150% of the current FFS rate for these ITOP

services for women  $\geq 14$  weeks gestation performed in physician offices and clinics. Providers should submit all claims directly to the Medicaid Fiscal Agent, Affiliated Computer Services (ACS), following the established processes.

The processes by which a provider submits a claim to ACS on the CMS 1500 form for professional services remain the same. Reimbursements to outpatient hospitals and ambulatory surgical center providers remain the same. The processes by which a provider submits ITOP related medications to the ACS Pharmacy Benefits Manager (PBM) also remain the same. MQD will also continue to coordinate all transportation, meals, and lodging related to ITOP services.

Providers who perform complicated ITOP services (with modifier 22 also accompanying the code) in the outpatient hospital and in free standing ambulatory surgical center settings must justify the use of the code and modifier combinations 59840-22 and 59841-22. Thus, these code and modifier combinations require operative reports when performed in settings other than office/clinic. Payment will be determined after review of the operative report.

MQD may at any time request documentation to support adherence with the ACOG guideline, including a copy of the policies and procedures as well as information on complications. The provider must maintain records to support the billing and payment.

If you have any questions or concerns regarding the content of this memo, please call the Clinical Standards Office at 692-8121.