

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Want to stay connected about the latest new and revised Medicare Learning Network® (MLN) products and services? Subscribe to the MLN Educational Products electronic mailing list! For more information about the MLN and how to register for this service, visit http://www.cms.gov/MLNProducts/downloads/MLNProducts_listserv.pdf and start receiving updates immediately!

MLN Matters® Number: MM7687 **Revised**

Related Change Request (CR) #: CR 7687

Related CR Release Date: January 26, 2012

Effective Date: October 1, 2002

Related CR Transmittal #: R2397CP

Implementation Date: July 2, 2012

Update to Abortion Condition Codes Associated With Reason Code 32809

Note: This article was revised on February 7, 2012, to correct the effective date stated for the A7 and A8 codes on page 2. That date should have been October 1, 2002. All other information is unchanged.

Provider Types Affected

Hospitals who bill Medicare Fiscal Intermediaries (FIs) or Medicare Administrative Contractors (A/B MACs) for abortion services provided to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

You must bill for abortion services provided to Medicare beneficiaries using updated condition codes, effective October 1, 2002.

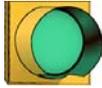


CAUTION – What You Need to Know

Change Request (CR) 7687, from which this article is taken, updates the abortion condition codes that are associated with reason code 32809.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.



GO – What You Need to Do

You should make sure that your billing staffs are aware of these condition code changes.

Background

Effective October 1, 1998, Medicare does not cover abortions except when the pregnancy is a result of an act of rape or incest; or the woman suffers from a physical disorder, a physical injury or illness, including a life endangering physical condition caused by the pregnancy itself that would (as certified by a physician) place the woman in danger of death unless an abortion is performed.

Beginning July 1, 1999, providers billed for abortion services using Modifier G7 defined as "the pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening." This modifier is used on claims with Dates of Services October 1, 1998, to the present.

CR7687 announces that (effective October 1, 2002) reason code 32809 is updated with the correct condition codes as follows:

Condition Code	Description
AA	Abortion Performed due to Rape
AB	Abortion Performed due to Incest
AD	Abortion Performed due to life endangering physical condition

Please note that previous condition codes A7 and A8, effective October 1, 2002, are discontinued and reserved for national assignment.

Billing Instructions

Hospitals will bill Medicare using bill type 11X. Medicare will pay only when the above condition codes are present in Form Locators (FLs) 18-28 along with an appropriate ICD-9-CM principal diagnosis code that will group to DRG 770 (Abortion W D&C, Aspiration Curettage Or Hysterotomy), or with an appropriate ICD-9-CM principal diagnosis code and one of the four appropriate ICD-9-CM/ ICD-10-CM operating room procedure codes listed below that will group to DRG 779 (Abortion W/O D&C).

ICD-9-CM	ICD-10-CM
69.01	<ul style="list-style-type: none"> • 10A07ZZ Abortion of Products of Conception, Via Natural or Artificial Opening • 10A08ZZ Abortion of Products of Conception, Via Natural or Artificial Opening Endoscopic

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

ICD-9-CM	ICD-10-CM
69.02	<ul style="list-style-type: none"> • 10D17ZZ Extraction of Products of Conception, Retained, Via Natural or Artificial Opening • 10D18ZZ Extraction of Products of Conception, Retained, Via Natural or Artificial Opening Endoscopic
69.51	<ul style="list-style-type: none"> • 10A07ZZ Abortion of Products of Conception, Via Natural or Artificial Opening • 10A08ZZ Abortion of Products of Conception, Via Natural or Artificial Opening Endoscopic
74.91	<ul style="list-style-type: none"> • 10A00ZZ Abortion of Products of Conception, Open Approach • 10A03ZZ Abortion of Products of Conception, Percutaneous Approach • 10A04ZZ Abortion of Products of Conception, Percutaneous Endoscopic Approach

Note that you must use ICD-9-CM codes 69.01 and 69.02 or the related ICD-10-CM codes to describe exactly the procedure or service performed, and that your FI/MAC will manually review claims with the above ICD-9-CM/ICD-10-CM procedure codes to verify that all of the above conditions are met.

Additional Information

You can find more information about the updated Medicare manual instructions by going to CR7687, located at <http://www.cms.gov/Transmittals/downloads/R2397CP.pdf> on the CMS website. You will find the revised "Medicare Claims Processing Manual," Chapter 3 (Inpatient Hospital Billing), Section 100.1 (Billing for Abortion Services) as an attachment to that CR.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - Flu Season is Here! While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. Remind your patients that annual vaccination is recommended for optimal protection. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Healthcare workers, who may spread the flu to high risk patients, should get vaccinated too. **Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu. Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug.** For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit [2011-2012 Provider Seasonal Flu Resources](#) and [Immunizations](#). For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp on the Centers for Medicare & Medicaid Services (CMS) website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.