

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2397	Date: January 26, 2012
	Change Request 7687

SUBJECT: Update to Abortion Condition Codes Associated With Reason Code 32809

I. SUMMARY OF CHANGES: This Change Request will be used to update reason code 32809 with the correct condition codes as follows:

Condition Code

AAPerformed due to Rape

ABPerformed due to Incest

ADPerformed due to life endangering physical condition

Previous condition codes A7 and A8 have been discontinued and reserved for national assignment effective October 1, 2002.

EFFECTIVE DATE: October 1, 2002

IMPLEMENTATION DATE: July 2, 2012

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/100.1/Billing for Abortion Services

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-04	Transmittal: 2397	Date: January 26, 2012	Change Request: 7687
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SUBJECT: Update to Abortion Condition Codes Associated With Reason Code 32809

EFFECTIVE DATE: October 1, 2002

IMPLEMENTATION DATE: July 2, 2012

I. GENERAL INFORMATION

A. Background:

Effective October 1, 1998, abortions are not covered under the Medicare program except for instances where the pregnancy is a result of an act of rape or incest; or the woman suffers from a physical disorder, physical injury, or physical 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.

B. Policy:

This Change Request will be used to update reason code 32809 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

Previous condition codes A7 and A8 have been discontinued and reserved for national assignment effective October 1, 2002.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R	Shared-System Maintainers				O
		/	M	I	A	H	F	M	V	C	T
		B	E	R	R	I	I	C	M	W	H
		M	M	I	E	S	S	S	S	F	E
		A	A	E	R	S	S	S	S	F	R
		C	C	R	R	S	S	S	S	F	R
7687.1	FISS shall update reason code 32809 with the current condition codes as follows: AA Abortion Performed due to Rape AB Abortion Performed due to Incest						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H I I S S	Shared-System Maintainers				O T H E R
						F I S S	M C S	V M S	C W F		
	AD Abortion Performed due to life endangering physical condition										
7687.2	FISS shall update other edits pertaining to this policy.						X				
7687.3	Medicare contractors shall reprocess claims brought to their attention	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H I I S S	Shared-System Maintainers				O T H E R
						F I S S	M C S	V M S	C W F		
7687.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X							

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Shauntari Cheely, Shauntari.Cheely1@cms.hhs.gov
Sarah Shirey-Losso, Sarah.Shirey-Losso@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

100.1 - Billing for Abortion Services

(Rev.2397, Issued: 01-26-12, Effective: 10-01-02, Implementation: 07-02-12)

Effective October 1, 1998, abortions are not covered under the Medicare program except for instances where the pregnancy is a result of an act of rape or incest; or the woman suffers from a physical disorder, physical injury, or physical 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.

A. "G" Modifier

The "G7" modifier is defined as "the pregnancy resulted from rape or incest, or pregnancy certified by physician as life threatening."

Beginning July 1, 1999, providers should bill for abortion services using the new Modifier G7. This modifier can be used on claims with dates of services October 1, 1998, and after. CWF will be able to recognize the modifier beginning July 1, 1999.

B. FI Billing Instructions

1. Hospital Inpatient Billing

Hospitals will bill the FI on Form CMS-1450 using bill type 11X. Medicare will pay only when condition codes:

<i>AA</i>	<i>Abortion Performed due to Rape</i>
<i>AB</i>	<i>Abortion Performed due to Incest</i>
<i>AD</i>	<i>Abortion Performed due to life endangering physical condition</i>

in FLs *18-28* of *UB04* 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)*.

<i>ICD-9-CM</i>	<i>ICD-10-CM</i>
<i>69.01</i>	<ul style="list-style-type: none"> • <i>10A07ZZ Abortion of Products of Conception, Via Natural or Artificial Opening</i> • <i>10A08ZZ Abortion of Products of Conception, Via Natural or Artificial Opening Endoscopic</i>
<i>69.02</i>	<ul style="list-style-type: none"> • <i>10D17ZZ Extraction of Products of Conception, Retained, Via Natural or</i>

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

Providers 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.

The FI must manually review claims with the above ICD-9-CM/*ICD-10-CM* procedure codes to verify that all of the above conditions are met.

2. Outpatient Billing

Hospitals will bill the FI on Form CMS-1450 using bill type 13X, 83X and 85X. Medicare will pay only if one of the following CPT codes is used with the "G7" modifier.

59840	59851	59856
59841	59852	59857
59850	59855	59866

C. Common Working File (CWF) Edits

For hospital outpatient claims, CWF will bypass its edits for a managed care beneficiary who is having an abortion outside their plan and the claim is submitted with the "G7" modifier and one of the above CPT codes.

For hospital inpatient claims, CWF will bypass its edits for a managed care beneficiary who is having an abortion outside their plan and the claim is submitted with one of the above ICD-9-CM procedure codes.

D. Medicare Summary Notices (MSN)/Explanation of Your Medicare Benefits Remittance Advice Message

If a claim is submitted with one of the above CPT procedure codes but no "G7" modifier, the claim is denied. The FI states on the MSN the following message:

This service was denied because Medicare covers this service only under certain circumstances." (MSN Message 21.21).

For the remittance advice the FI uses existing American National Standard Institute (ANSI) X12-835 claim adjustment reason code B5, "Claim/service denied/reduced because coverage guidelines were not met or were exceeded."