



State of New Mexico  
Medical Assistance Program Manual

# Supplement



**DATE:** December 21, 2022 **NUMBER:** 22-15

**TO:** FAMILY PLANNING CLINICS, PHYSICIANS, CERTIFIED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

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**THROUGH:** ANNABELLE MARTINEZ, BUREAU CHIEF, BENEFITS AND REIMBURSEMENT BUREAU

**SUBJECT:** CHANGES TO CLAIM SUBMITTAL PROCESS AND RATES FOR ABORTION PROCEDURES

The New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) is issuing this Supplement to provide guidance on billing global rates for abortion services for Medicaid eligible individuals. Effective July 1, 2022, HSD will modify the reimbursement methodologies for abortion services.

**A. Medication-Assisted Abortion:**

1. **In Person Encounter for Medication Assisted Abortion:** HSD is changing billing requirements to initiate a global rate reimbursement structure for medically assisted abortions.
  - a. The code S0199 will be activated to allow for billing and global reimbursement of the required in person visits, laboratory services, and ultrasounds. Ancillary services are included in the global reimbursement and should not be billed separately.

**Table 1: Medication-assisted service codes**

CPT/HCPC	Description	Rate
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies	\$569.92

- b. The global reimbursement is for services performed over a 14 to 18 day period; therefore, providers must bill 1 unit of service and enter the from - through dates accordingly.
- c. S0199 excludes reimbursement for medication. Medication must be billed on a separate line with an appropriate NDC appended to the claim.

**Table 2: Medication codes for medication-assisted services**

CPT/HCPC	Description	Rate
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S0191	*Misoprostol, buccal, 200 mcg	\$1.77
S0190	*Mifepristone, oral, 200 mg (RU-486)	\$88.65

\* Providers must provide recipients with a copy of the medication guides.

- d. Providers must retain documentation of patient informed consent for all procedures and services rendered and receipt of patient education as described in NMAC 8.310.2, General Benefit Description.

2. **Telehealth Encounter for medication-assisted abortion services:** HSD is adding a modifier for providing this medical service via telehealth. This service will also be reimbursed at a global rate.

- a. The code S0199 with the **U1/95 Modifiers** will be opened to allow for the telehealth visits for medication-assisted abortion services that include the telehealth visits with counseling. Both modifiers must be entered on the claim. Ancillary services are included in the global reimbursement and should not be billed separately.

**Table 3: Medication-assisted service codes for services provided through telehealth**

CPT/HCPC	Telehealth Modifiers	Description	Rate	Service Type
S0199	U1/95	Medically induced abortion by oral ingestion of medication including all associated services and supplies	\$213.53	Telehealth Visit + counseling

- b. S0199 excludes reimbursement for medication. Medication must be billed on a separate line with an appropriate NDC appended to the claim.

**Table 4: Medication codes for medication-assisted services provided through telehealth**

CPT/HCPC	Description	Rate
S0191	*Misoprostol, buccal, 200 mcg	\$1.77
S0190	*Mifepristone, oral, 200 mg (RU-486).	\$88.65

\* Providers must provide recipients with a copy of the medication guides.

- c. Providers must retain documentation of patient informed consent for all procedures and services rendered and receipt of patient education as described in NMAC 8.310.2.

**B. Surgical Abortion:**

1. **Surgical abortion as a bundled service:** HSD restructured the reimbursement methodology for procedure code 59840 and 59841 to reimburse for a surgical abortion and all ancillary services as a global service. No ancillary services are billable. Ancillary services are included in the global reimbursement and should not be billed separately.

**Table 5: Abortion codes and rates for surgical abortion global services**

CPT/HCPC	Description	Rate	Service Type
59840	Induced Abortion, by Dilation and Curettage	\$704.48	Service + Ancillary
59841	Induced Abortion, by Dilation and Evacuation	\$1,142.66	Service + Ancillary

- a. Providers must retain documentation of patient informed consent for all procedures and services rendered and receipt of patient education as described in NMAC 8.310.2.

**C. Other Surgical Abortions:**

The following codes will remain in effect at the fee schedule rate:

CPT/HCPC	Description	Rate
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59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines	\$329.41
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/or curettage and/or evacuation	\$348.35
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)	\$475.50
59855	Induced abortion, by 1 or more vaginal suppositories (eg. Prostaglandin) with or w/o cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	\$390.90
59856	Induced abortion, by 1 or more vaginal suppositories (eg. Prostaglandin) with or w/o cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	\$469.59
59857	Induced abortion, by 1 or more vaginal suppositories (eg, Prostaglandin) with or w/o cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	\$491.92
59866	Multifetal pregnancy reduction(s) (MPR)	\$125.41
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Manually priced

#### D. Discontinued Codes

Codes S2260-S2267 and modifiers will no longer be used and will have an end date of 12/01/2022.

#### E. Claim Adjustments

Providers who have rendered any of the above pregnancy termination procedures to a Medicaid eligible individual within dates of service 07/01/2022 to the present are required to resubmit a corrected claim using the global codes noted on the tables above. The corrected claim will be processed to reimburse the provider so that the new global reimbursement methodology can be applied. Providers will have 90 days from the date of the previously paid claim or 90 days from the date on this Supplement, which ever applies, to submit a corrected claim and avoid a timely filing denial. Follow the billing requirements in place for submitting an adjustment claim as it relates to providing the previous TCN.

HSD will work with the fiscal agent regarding the filing limit waiver for any resubmitted claim that denies for timely filing. Providers will not be required to submit a reprocess request.

Please contact the Medical Assistance Division at [MADInfo.HSD@state.nm.us](mailto:MADInfo.HSD@state.nm.us) if you have any questions regarding this Supplement.