



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Maryland Medicaid Program Abortion Services

It is important to check the Eligibility Verification System (EVS), as certain women are not eligible for abortion services. **Abortion is not covered for women in the following eligibility categories:**

- C13P – Hospital Presumptive Eligibility
- C10 – Family Planning presumptive eligibility cases
- P02 and P11– Pregnant women who are eligible for Medicaid based on pregnancy
- P10 – Family Planning Program
- X02 – Women eligible for emergency medical services only
- X03 – MAGI women eligible for emergency medical services only

Abortion may be covered for women in other eligibility coverage groups if one of the following five medical reasons apply:

- Risk to life of the mother
- Risk to mother’s current or future somatic health
- Risk to mother’s current or future mental health
- Fetal genetic defect or serious deformity or abnormality
- Mother was a victim of rape or incest

Abortion services may be covered for minors within the scope and limitations outlined in Maryland minor consent laws. A physician may not perform an abortion on an unmarried minor unless the physician first gives notice to a parent or guardian of the minor, except as provided with respect to “incomplete notice” and “waiver of notice” (Md. Code Ann., Health-Gen. II § 20-103(a)). For more information about Maryland Minor Consent Laws go to: https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/docs/pre-redesign/publications_resources/Maryland_Minor_Consent_Laws_10.26.12.docx

Managed Care Organizations are not permitted to cover abortion procedures. Claims for abortion procedures for women enrolled in HealthChoice who meet the above qualifications must be submitted to the Medicaid fee-for-service (FFS) program for the following:

- Abortion procedures;
- Related services provided at a hospital on the day of the procedure or during an inpatient stay; or
- An abortion package as provided by a freestanding clinic.

Claims for any related services not indicated above that are performed as part of a medical evaluation prior to the actual abortion procedure must be billed to the MCO. This includes the service for which the provider who performs the procedure completes a **Certification for Abortion Form (DHMH 521)**.

The **Certification of Abortion** (DHMH 521) form must be completed and kept in the patient's medical record for services related to the termination of a pregnancy (except spontaneous abortion or treatment of ectopic pregnancy) or for medical procedures necessary to voluntarily terminate a pregnancy for victims of rape and incest. These include surgical CPT procedures 59840-59841, 59850-59852, 59855-59857, and 59866 and anesthesia code 01966. The form is available on the MDH web at <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

The medical record must reflect the medical necessity for the therapeutic abortion as determined by the certifying physician. The specific condition for which the abortion is being performed must be documented in the record. Completion of the certification form (DHMH 521) alone is not sufficient to serve as documentation, nor is it sufficient to render a clinical opinion and/or diagnosis without supporting evidence in the medical record. Lack of acceptable documentation in the medical record will cause the Program to deny payment, or in cases where payment has been made, the Program will require repayment from the provider.

Medicaid encourages abortion and abortion related service providers to bill electronically. The DHMH 521 is not required to be submitted with the claim. **Indicate the appropriate 2-alpha character condition code in Block 10d** of the claim form. Refer to the Program's **CMS-1500 Billing Instructions** for complete details at <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

Medical Abortion: Termination of Early Pregnancy

- For explanation of billing codes for medically induced abortion through the administration of Mifepristone (**S0190**) and Misoprostol (**S0191**), refer to Physician Transmittal #141/Abortion Clinics #2 at https://mmcp.health.maryland.gov/MCOupdates/Documents/pt_21-17.pdf
- The ICD code for **legally induced abortion** or **failed attempted abortion** must be the primary diagnosis on the claim.
- "Medical Abortion" must be written on the *CMS-1500 claim* below the procedure code in **Block 24D**.
- The date of service on the DHMH 521 and the CMS-1500 claim form is the date that the patient signs the required Patient Agreement and takes the oral dose of Mifepristone.
- The fee for **S0199** includes patient counseling, all medically necessary office or out-patient clinic visits, pregnancy test, sonogram to confirm pregnancy and ultrasound to confirm completion of the abortion. Do not bill for office visits in addition to procedure code S0199.

For additional information, go to the **Professional Services Provider Manual and Fee Schedule** at: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

For questions regarding Medicaid's reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.