

Abortion Services

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Overview

This section includes Minnesota Health Care Programs (MHCP) coverage and billing policy for induced abortions and abortion related services. Refer to the [Reproductive Health/OB-GYN](#) section of the MHCP Provider Manual for links to other related services.

Eligible Providers

- Ambulatory surgery center
- Certified registered nurse anesthetist
- Family planning agency
- Hospital
- Indian health facility provider
- Nurse practitioner
- Nurse midwife
- Physician assistant
- Physician

Eligible Members

Payment for induced abortions and abortion-related services provided to [Medical Assistance](#) and MinnesotaCare members is available under the following conditions:

- The member suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by, or arising from the pregnancy itself that would, as certified by a physician, place the member in danger of death unless the abortion is performed
- Pregnancy resulted from rape
- Pregnancy resulted from incest
- Abortion is being done for other health or therapeutic reasons

Covered Services

Abortion-related services directly related to performing an induced abortion are covered and include the following.

- Hospitalization when the abortion is performed in an inpatient setting
- The use of a facility when the abortion is performed in an outpatient setting
- Counseling related to the abortion
- General anesthesia or conscious sedation provided with the abortion. Local and regional anesthesia, including nerve blocks, administered by the attending physician, are considered integral to the procedure and are not separately billable
- Drugs provided during or directly after the abortion
- Treatment of infection or other complications as a result of the abortion (including treatment for an incomplete abortion)
- Uterine ultrasound following an abortion
- Abortion service codes (surgical induced abortion and medical abortion service codes)
- Supplies (including but not limited to trays, Laminaria and other items)
- Drugs (including but not limited to anti-anxiety, narcotic, anesthetic and antibiotic drugs)

Authorization Requirements

Abortion services performed out-of-state or out of the member's local trade area require prior authorization. Review the [Authorization](#) section in the MHCP Provider Manual - Provider Basics for details.

Billing

Abortion-Related Services

Providers must take the following actions:

- Fax a [Medical Necessity Statement \(DHS-2327\) \(PDF\)](#) with all induced abortion claims, follow the instructions on the [Electronic claim attachments](#) webpage.
- Check only one option on the form:
 - Bill physician service using the 837P
 - Bill facility services using the 837I
- Bill all induced abortion and abortion-related services for members on a fee-for-service (FFS) program or enrolled in a managed care organization (MCO) to MHCP. All abortion-related services are paid on a FFS [carve-out services](#) basis.
- Secondary codes must relate to the abortion procedure. Do not include family planning, contraceptive management or pregnancy related International Classification of Diseases (ICD) codes or the claim will deny.
- Leave the EPSDT field of the 837P blank.
- Bill Current Procedural Terminology (CPT) code 59200 (insertion of cervical dilator) separately only when the service is provided on a day other than the day the abortion was performed.
- Bill CPT procedure code 88300 (surgical pathology, gross examination) only for a pathologist.
- Use Healthcare Common Procedure Coding System codes S0190 and S0191 for medical abortions. Only bill S0190 (mifepristone) and S0191 (misoprostol) when used together and not within three weeks of a surgical abortion. These codes cannot be billed with an induced abortion CPT procedure code.
- Use applicable ICD procedure code system (PCS) for induced abortion services billed by a facility.
- Bill abortion-related services performed after the induced abortion to MHCP.
- Bill MHCP for the treatment of incomplete legally induced abortions with applicable diagnosis codes. A medical necessity statement is not required for an incomplete abortion reported with these diagnosis codes. Claims must include an operative report. Fax the operative report following the instructions on the [Electronic claim attachments](#) webpage.

Non-Abortion Related Services

- [Bill the MCO](#) for non-abortion related services provided to MCO enrollees.
- MCOs must pay for non-abortion related services provided by a contracted or non-contracted provider.
- Bill pregnancy-related services performed before, on the day of, or after an induced abortion to MHCP for FFS members; bill the appropriate MCO for MCO enrollees.
- Bill non-induced abortion services with the correct diagnoses such as a pregnancy with fetal demise, missed abortion, spontaneous abortion or similar services. Bill MHCP for FFS members, or the appropriate MCO for MCO enrollees.

Legal References

[Minnesota Statutes 256B.0625, subdivision 16 \(Covered Abortion Services\)](#)

[Code of Federal Regulations, title 42, sections 441.200-441.208 \(Abortion\)](#)