



State of New Mexico  
 Medical Assistance Program Manual  
**Supplement**



**DATE:** August 21, 2023 **NUMBER:** 23-07

**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 codes by delivering medical, counseling, and pharmacy services for Medicaid eligible individuals. Effective July 1, 2022, HSD will add three new reimbursement methodologies for abortion services. This Supplement replaces Supplement 22-15.

**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 the use of oral medications 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 related to the medication assisted abortion are included in the global reimbursement and should not be billed separately. However, services unrelated to the medication assisted abortion, but provided in the same visit, should be billed separately. For example, if the member receives contraceptive services, vaccines, or behavioral health services those shall be reimbursed separately from the global rate below.

**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 for services performed over a 14 to 18 days period. Therefore, providers must bill 1 unit of service and enter the from - through dates accordingly.
- c. S0199 excludes reimbursement for the oral medications must be billed on a separate line with the appropriate the NDC appended.

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

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.

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

- a. The code S0199 with the **95 Modifier** will be opened to allow for the telehealth visits for medication-assisted abortion services that include the telehealth visits with counseling. Ancillary services related to the medication assisted abortion are included in the global reimbursement and should not be billed separately. However, services unrelated to the surgical abortion, but provided in the same visit, should be billed separately. For example, if the member receives contraceptive services, vaccines, or behavioral health services those shall be reimbursed separately from the global rate below.

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

CPT/HCPC	Telehealth Modifier	Description	Rate	Service Type
S0199	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 drugs. Drugs 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.

**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 related to the Surgical abortion are included in the global reimbursement and should not be billed separately. However, services unrelated to the surgical abortion, but provided in the same visit, should be billed separately. For example, if the member receives contraceptive services, vaccines, or behavioral health services those shall be reimbursed separately from the global rate below.

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

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

### **C. 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 in regard to 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](mailto:MADInfo.HSD@state.nm). us if you have any questions regarding this supplement.