

interChange Provider Important Message

Claims with Abortion Procedure Codes

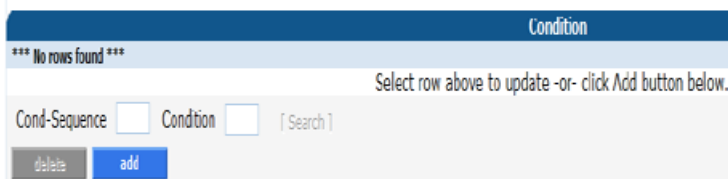
This is a reminder to providers enrolled in the Connecticut Medical Assistance Program (CMAP) that abortion services will require a condition code for professional, outpatient, and inpatient claims with dates of service October 1, 2015 forward. This policy was first communicated to providers in [Provider Bulletin 2014-20](#). However, the implementation was delayed along with the delay in the ICD-10 implementation.

Institutional (Inpatient and Outpatient) Claims: Condition codes are integral to the electronic 837I, Web claims and paper UB-04 institutional claims. There are no changes to how to report condition codes on institutional claims.

Professional Claims: The use of Condition Codes is new to professional claims in CMAP. Following is some information on how to report condition codes on professional claims.


Professional Electronic Claims: Due to legal ramifications and rules for federal financial participation (FFP) with state Medicaid programs, the National Uniform Claim Committee (NUCC) approved the Condition Codes for abortion and sterilization as part of the NUCC data set and the X12 Claims workgroup voted to add these codes to the claim level starting with version 004050 of the 837 Professional Health Care Claim. On an 837P claim, abortion related condition codes can be reported in Loop 2300, Segment HI with BG qualifier.

Professional Web Claims: A Condition Code Panel has been added to professional Web claims to report condition codes for abortion procedures.



The screenshot shows a web interface for managing condition codes. At the top, there is a header labeled 'Condition'. Below the header, a message states '*** No rows found ***'. A note below the message says 'Select row above to update -or- click Add button below.' There are two input fields: 'Cond-Sequence' and 'Condition', both with empty text boxes. To the right of the 'Condition' field is a '[Search]' button. At the bottom of the interface, there are two buttons: 'delete' and 'add'.

Professional CMS-1500 Paper Claims: The Condition Codes may be reported in field 10d (Claim Codes) of the 1500 Claim Form version 02/12.



The screenshot shows a portion of a CMS-1500 Claim Form. Field 10d is labeled 'CLAIM CODES (Designated by NUCC)'. The field is currently empty.

Condition Codes: Effective for dates of service October 1, 2015 and forward, providers in CMAP will be required to submit claims for abortion services with one of the following condition codes.



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AA - Abortion Performed due to Rape

AB - Abortion Performed due to Incest

AC - Abortion Performed due to Genetic Defect, Deformity, or Abnormality

AD - Abortion Performed due to Life Endangering Physical Condition

AE - Abortion Performed due to Physical Health of Mother that is not Life Endangering

AF - Abortion Performed due to Emotional/Psychological Health of the Mother

AG - Abortion Performed due to Social or Economic Reasons

AH - Elective Abortion

Explanation of Benefit (EOB) Codes: One of the following EOB codes will post on an abortion procedure detail if billed without a condition code for dates of service 10/1/2015 forward:

0760 - Condition Code restriction for billed procedure

4951 - Condition code restriction for billed ICD procedure code under provider contract

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