

DEPARTMENT OF HEALTH CARE SERVICES
Post COVID-19 Public Health Emergency (PHE)
Medication Abortion (MAB) Proposal
Department of Health Care Services - 2022-23 Governor's Budget Proposal

Through the COVID-19 PHE, medication abortion providers have been able to provide visits through telehealth, including the post-abortion follow-up visit. During the PHE, DHCS also modified policies regarding use of ultrasounds and did not pursue reimbursement reductions. Specifically, during the PHE, providers have been able to provide visits through telehealth, including the post-abortion follow-up visit, and DHCS is allowing billing for the medication abortion “bundled rate” with no requirement for ultrasounds or in-person care.

In the past year, Planned Parenthood Affiliates of California and other reproductive advocates have made a number of requests to DHCS regarding the provision of MAB, including the requests to:

1. Acknowledge that while the type of care varies per Medi-Cal patient, the basic steps of medication abortion do not change.
2. Maintain PHE flexibility (not requiring pre-abortion ultrasounds).
3. Allow the billing of the S0199 code as soon as mifepristone is prescribed (S0190) and eliminate the “from-through” billing requirement.
4. Eliminate the use of modifier 52 for S0199 because it disproportionately reduces the reimbursement rate for medication abortion and only pays the full bundled rate if the patient returns for an abortion completion assessment (follow-up) visit and an ultrasound is performed.
5. Replace the term “follow-up visit” with “abortion completion assessment” and allow to be done remotely.
6. Clarify that the frequency limitation for one ultrasound per 180 days per provider would not apply for the provision of medication abortion.
7. Reimburse for the provision of medication abortion through 77 days gestational age.
8. Change the definition of the S0199 code for medication abortion services, per one of the following two options, with a preference for Option 1:
 - a. Option 1. Provide flexibility within the bundle and maintain the current rate.
 - b. Option 2. Provide flexibility within the bundle and reduce the bundled rate by the cost of one ultrasound.

In response, and as described in more detail below under Post PHE Proposal, DHCS proposes to maintain the base S0199 bundle rate but change the usage of the billing modifier (“Modifier 52”) to reflect the reduced or eliminated services. This proposal will allow for more efficient allocation of clinical resources and increased convenience for beneficiaries seeking services, while maintaining sustainable reimbursement rates for these safety net services.

Current Policy (policy in place prior to PHE)

Medical abortion of intrauterine pregnancies through the 70th day from the first day of the recipient’s last menstrual period is a Medi-Cal reimbursable benefit when billed with billing code S0199. The original construction of the bundled rate for S01999 assumed three visits and two to three ultrasounds, as well as other relevant services, and this billing code could only be used if these visits and services occurred. The bundle is

currently reimbursed at \$536.48 for Medi-Cal. There is also an adjusted payment called “Modifier 52” that is applied in a variety of situations where a service is modified or not provided and is currently a reduction of \$230 to the base rate for S0199. 91% of claims in managed care and 84% of claims for billing code S0199 in FFS for MAB services are currently provided at the full bundled rate without the use of Modifier 52.

Post PHE Proposal

- Modify the S0199 code and medication abortion-related service codes as follows:
 - Improve flexibility for the use of the S0199 Code to be allowed when:
 - Pre-abortion ultrasounds are not required when not clinically indicated.
 - Post-abortion ultrasounds are not required when not clinically indicated.
 - Remote pregnancy completion assessment is allowable if clinically indicated and if patient prefers remote assessment; in-person visit must be offered but is not required to bill the bundled rate.
 - Adjust Modifier 52 payment reduction as it applies to the use of the S0199 Code.
 - Modifier 52 must be used in the following circumstances:
 - When fewer than two ultrasounds are provided, based on an assessment that one or more ultrasound is not clinically indicated. As noted above, providers will have the flexibility to assess whether ultrasounds are clinically indicated. If one or more ultrasounds are not performed based on lack of clinical necessity, providers may still bill the bundled rate. However, because the bundled rate reflects the costs of at least two ultrasounds, the modifier must be used when fewer than two ultrasounds are performed.
 - When a provider is unable to perform an abortion completion assessment or follow-up visit, which may include a patient not showing up for a visit or participating in the assessment.
 - Reduce the level of payment reduction associated with the use of Modifier 52 from \$230 to \$123.64 to account for the average cost of ultrasounds not provided based on clinical indications.
 - This reimbursement adjustment reflects that a lower intensity of services is needed to perform the service safely.
- Remove frequency limitations for ultrasounds
- Maintain the following (no change):
 - From-through billing (bundled rate is billed after all MAB services have been provided).
 - Provider discretion to bill the bundled rate or to bill for services individually.
 - Medication abortion remains through 70 days gestational age.