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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 86
6010.57-M
MARCH 18, 2013**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2013,
SECTION 704, ABORTION COVERAGE**

CONREQ: 16430

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change allows coverage of abortions in the case of rape or incest.

EFFECTIVE DATE: January 2, 2013.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

**This change is made in conjunction with Feb 2008 TOM, Change No. 95 and Feb 2008 TSM,
Change No. 46.**

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**ATTACHMENT(S): 5 PAGE(S)
DISTRIBUTION: 6010.57-M**

CHANGE 86
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REMOVE PAGE(S)

CHAPTER 1

Section 13.1, pages 1 and 2

CHAPTER 4

Section 18.3, pages 1 and 2

INSERT PAGE(S)

Section 13.1, pages 1 and 2

Section 18.3, pages 1 - 3

Healthcare Common Procedure Coding System (HCPCS) "C" And "S" Codes

Issue Date: November 6, 2007
Authority:

1.0 HCPCS "C" AND "S" CODES

C1000 - C9999; S0000 - S9999

2.0 DESCRIPTION

2.1 HCPCS "C" codes include device categories, new technology procedures, and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS assigned.

2.2 HCPCS "S" codes are temporary codes used by the private sector to report drugs, services, and supplies for which there are no national codes.

3.0 POLICY

3.1 Upon implementation of TRICARE's Outpatient Prospective Payment System (OPPS), HCPCS "C" codes shall be paid according to OPPS guidelines as outlined in the TRICARE Reimbursement Manual (TRM), [Chapter 13](#). For Hospital Outpatient Department (HOPD) services provided on or before May 1, 2009 (implementation of TRICARE's OPPS), and thereafter, for services by exempt OPPS hospitals, the contractor shall allow payment of HCPCS "C" codes consistent with current policy as stated in the TRM, [Chapter 1, Section 24, paragraph 2.2](#).

3.2 Under TRICARE, "S" codes are not reimbursable except as follows:

3.2.1 S9122, S9123, and S9124 for the Extended Care Health Option (ECHO) respite care benefit and the ECHO Home Health Care (EHHC) benefit;

3.2.2 S0812, S1030, S1031, S1040, S2066, S2067, S2068, S2075, S2076, S2077, S2083, S2202, S2235, S2325, S2360, S2361, S2401 - S2405, S2411, S3620, S8030, S8185, S8265, S8270, and S9430 for all beneficiaries; and

3.2.3 S5108 for direct Educational Interventions for Autism Spectrum Disorders (EIA) services provided to TRICARE beneficiaries under the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration. (See the TRICARE Operations Manual (TOM), [Chapter 18, Section 8](#).)

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 13.1

Healthcare Common Procedure Coding System (HCPCS) "C" And "S" Codes

3.2.4 S2400 for prenatal surgical intervention of temporary tracheal occlusion of Congenital Diaphragmatic Hernia (CDH) for fetuses with prenatal diagnosis of CDH shall be determined on a case-by-case basis, based on the Rare Disease policy, effective October 1, 2009. Procedural guidelines for review of rare disease are contained in [Section 3.1](#).

3.2.5 S0189 for testosterone pellets as provided in [Chapter 4, Section 5.1](#).

3.2.6 S8999 for resuscitation bag for use by the patient on artificial respiration during power failure or other catastrophic event. The bag must be U.S. Food and Drug Administration (FDA) approved, used in accordance with FDA indications, and must be prescribed by a physician.

3.2.7 S9900 for services rendered by an authorized Christian Science Practitioner as provided in [Chapter 11, Section 1.1](#).

3.2.8 S0190 and S0191 as provided in [Chapter 4, Section 18.3](#).

3.3 Under TRICARE, HCPCS code S9999 is a recognized code for purposes of reporting sales tax but is not payable.

4.0 EXCLUSIONS

HCPCS "C" codes are not allowed to be billed by independent professional providers.

- END -

Abortions

Issue Date: April 19, 1983

Authority: [32 CFR 199.2\(b\)](#) and [32 CFR 199.4\(e\)\(2\)](#)

1.0 CPT¹ PROCEDURE CODE RANGE

59812 - 59857, 59866

2.0 HCPCS CODES

S0190, S0191

3.0 DESCRIPTION

Abortion means the intentional termination of a pregnancy by artificial means done for a purpose other than that of producing a live birth.

4.0 POLICY

4.1 By law, abortions may not be cost-shared except:

4.1.1 In a case in which the pregnancy is the result of an act of rape or incest. A physician's note in the patient's medical record must support that it is the provider's good faith belief, based on all of the information available to the provider, that the patient was the victim of rape or incest; or,

4.1.2 When the life of the mother would be endangered if the fetus were carried to term. Physician certification attesting that the abortion was performed because the mother's life would have been endangered if the fetus were carried to term is required.

4.2 Services and supplies related to spontaneous, missed or threatened abortions and abortions related to ectopic pregnancies may be cost-shared.

4.3 All medically and psychologically necessary services and supplies related to a covered abortion are covered. This may include ultrasound performed prior to the abortion, pathology services, pregnancy tests, office visits, and any applicable requirements mandated by state and/or local laws. It also may include otherwise covered follow-up care, such as psychotherapy.

4.4 Drugs such as Mifeprex (HCPCS S0190) and misoprostol (HCPCS S0191) may be cost-shared when the pregnancy is the result of an act of rape or incest.

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5.0 BILLING PROCEDURES

5.1 G7 Modifier

To receive TRICARE reimbursement for abortions performed due to rape, incest or when the life of the mother is endangered if the fetus were carried to term, all claims, i.e., the CMS 1450 UB-04 and the CMS 1500 shall include the G7 modifier. The G7 modifier is defined as "the pregnancy resulted from rape or incest, or pregnancy certified by physician as life threatening".

5.2 Condition Codes

To receive TRICARE reimbursement for abortions performed due to rape, incest or when the life of the mother is endangered if the fetus were carried to term, all claims, i.e., the CMS 1450 UB-04 and the CMS 1500 shall include one of the following condition codes:

- AA – Abortion performed due to rape,
- AB – Abortion performed due to incest,
- AD – Abortion performed due to life endangering physical condition.

5.3 Outpatient Billing (Hospital Outpatient Departments (HOPDs) and Freestanding Ambulatory Surgery centers (ASCs))

HOPDs and freestanding ASCs shall bill on the CMS 1450 UB-04 claim form. One of the condition codes in [paragraph 5.2](#) and the G7 modifier is required on the UB-04 claim form in addition to one of the following Current Procedural Terminology (CPT²) procedure codes: 59840, 59841, 59850-59852, 59855-59857, 59866.

5.4 Professional Billing

Individual professional providers shall bill on the CMS 1500 claim form. One of the condition codes in [paragraph 5.2](#) shall be listed in FL 10d and the G7 modifier in FL24D. The claim shall include one of the following CPT² procedure codes: 59840, 59841, 59850-59852, 59855-59857, 59866.

6.0 TRICARE ENCOUNTER DATA (TED)

All TED records submitted for covered abortions must include one of the following Special Processing Codes as appropriate:

- AE (abortion performed due to rape),
- AF (abortion performed due to incest); or
- AG (abortion performed due to life endangering physical condition).

7.0 EDUCATION REQUIREMENTS

The TRICARE Operations Manual (TOM), [Chapter 11, Section 1](#) provides the contractors' responsibility regarding education of providers and beneficiaries.

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8.0 EXCLUSIONS

8.1 Services and supplies related to a noncovered abortion.

8.2 Abortion counseling, referral, preparation and follow-up for a non-covered abortion.

8.3 Abortions for fetal abnormality (e.g., anencephaly) or for psychological reasons (i.e., threatened suicide).

8.4 Selective reduction of multi-fetal gestations (CPT³ procedure code 59866), except when the life of the mother would be endangered if the multi-fetal gestation was carried to term.

9.0 EFFECTIVE DATES

9.1 June 5, 1981, for beneficiaries of the Department of Health and Human Services (DHHS) (includes the Coast Guard, Commissioned Corps of the Public Health Service (PHS), and the National Oceanic and Atmospheric Administration (NOAA)).

9.2 December 29, 1981, for beneficiaries of the Department of Defense (DoD) (includes Army, Navy, Air Force and Marine Corps).

9.3 January 2, 2013, for abortions in a case in which the pregnancy is a result of an act of rape or incest, in accordance with Section 704 of the National Defense Authorization Act (NDAA) of 2013, Public Law 112-239.

- END -

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