



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Medical Care Program Abortion Services

I. Eligibility

It is important to check the [Eligibility Verification System \(EVS\)](#) as certain participants are not eligible for abortion services. **Abortion is never covered for participants in the following eligibility categories:**

- C13P – Hospital Presumptive Eligibility
- C10 – Family Planning presumptive eligibility cases
- P02 and P11 – Pregnant participants who are eligible for Medicaid based on pregnancy
- P10 – Family Planning Program
- X02 – Participants eligible for emergency services only
- X03 – MAGI participants eligible for emergency medical services only

II. Parental Notification

Abortion services may be covered for minors within the scope and limitations outlined in Maryland minor consent laws. A qualified provider may not perform an abortion on an unmarried minor unless the qualified provider first gives notice to a parent or guardian of the minor, except as provided with respect to “incomplete notice” and “waiver of notice” (Md. Code Ann., Health-Gen. II § 20-103(a)). For more information about Maryland Minor Consent Laws go to:

https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/docs/pre-redesign/publications_resources/Maryland_Minor_Consent_Laws_10.26.12.docx

III. Billing Limitations and Requirements

Managed Care Organizations are not permitted to cover abortion services. Claims for abortion services for participants enrolled in HealthChoice must be submitted to the Medicaid fee-for-service (FFS) program for the following:

- Abortion services;
- Related services provided at a hospital on the day of the procedure or during an inpatient stay; or
- An abortion package may be provided by a freestanding clinic.

Claims for any related services, not indicated above, that are performed as part of a medical evaluation prior to the actual abortion services must be billed to the MCO.

IV. Specific Requirements for Medical Abortions

- For explanation of billing codes for medically induced abortion through the administration of Mifepristone (**S0190**) and Misoprostol (**S0191**), refer to Physician Transmittal #141/Abortion Clinics #2 at: https://mmcp.health.maryland.gov/MCOupdates/Documents/pt_21-17.pdf
- The ICD code for **legally induced abortion** or **failed attempted abortion** must be the primary diagnosis on the claim.
- “Medical Abortion” must be written on the *CMS-1500 claim* below the procedure code in **Block 24D**.
- The date of service on the *CMS-1500 claim* form is the date that the patient signs the required Patient Agreement and takes the oral dose of Mifepristone.
- The fee for **S0199** includes patient counseling, all medically necessary office or out-patient clinic visits, pregnancy test, sonogram to confirm pregnancy and ultrasound to confirm completion of the abortion. Do not bill for office visits in addition to procedure code S0199.

For additional information, go to the **Professional Services Provider Manual and Fee Schedule**

at: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

For questions regarding Medicaid’s reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.