



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 10 No. 19

March 2000

**TO:** Physicians, Certified Nurse Midwives, Certified Nurse Practitioners/Clinical Nurse Specialists, Federally Qualified Health Centers (FQHCs), Independent Clinics, and Independent Clinical Laboratories, **-For Action**  
Health Maintenance Organizations (HMOs)—**For Information Only**

**SUBJECT:** Coverage of Additional Abortion-Related Procedures

**EFFECTIVE:** For claims with dates of service on or after June 1, 1998

**PURPOSE:** To notify providers of HCPCS codes that can be considered abortion related services

**BACKGROUND:** The Division sent out a New Jersey Medicaid Newsletter, Volume 8, No. 19, dated April 1998, clarifying the policy for coverage of elective abortion services provided to individuals enrolled in an HMO and announcing the implementation of HCPCS codes specific to elective abortion services. This Newsletter does not change that policy, but informs providers of **additional procedure codes** that can be considered abortion-related procedures. The policy and the HCPCS codes communicated to providers in the April 1998 Newsletter are **still valid** and providers are encouraged to refer to that Newsletter.

**ACTION:** Effective for claims with dates of service on or after June 1, 1998, all providers who are providing laboratory services and office visits for elective abortion services provided to Medicaid or NJ KidCare beneficiaries, either FFS or those enrolled in managed care, can receive reimbursement for the codes listed in this Newsletter. This policy is also applicable to Medicaid or NJ KidCare beneficiaries enrolled in managed health care.

Providers must resubmit all unpaid claims retroactive to June 1, 1998, with proof of timely filing, to be reimbursed for these procedure codes. These claims are subject to all other edits.

The HCPCS codes listed below are to be used by providers who are billing for **laboratory services** related to elective abortion services for Medicaid or NJ KidCare beneficiaries, either FFS or those enrolled in managed care.

Providers who refer a laboratory specimen out to other providers are reminded to advise the referring provider that the specimen is related to elective abortion services, so that the provider can bill the appropriate HCPCS procedure code.

<b>HCPCS CODES</b>	<b>MOD</b>	<b>DESCRIPTION</b>	<b>MAXIMUM FEE ALLOWANCE</b>
G0001	YD	Routine venipuncture	1.80
36415	YD	Routine venipuncture or finger, heel or ear stick	1.80
80051	YD	Electrolyte panel	5.90
80055	YD	Obstetric panel	15.00
80100	YD	Drug screen; multiple drug classes	5.20
81000	YD	Urinalysis, with microscopy	1.20
81002	YD	Urinalysis, non-automated, without microscopy	1.00
81025	YD	Urine pregnancy test	3.00
82947	YD	Glucose, quantitative	3.00
84702	YD	Gonadotropin, chorionic (hCG); quantitative	11.39
84703	YD	Gonadotropin, chorionic (hCG); qualitative	3.00
85014	YD	Blood count, other than spun hematocrit	1.50
85022	YD	Hemogram, automated and manual differential WBC count (CBC)	3.00
85024	YD	Hemogram and platelet count automated and automated partial differential WBC count (CBC)	4.80
85025	YD	Hemogram and platelet count	S.C.C.

	automated and automated complete differential WBC count (CBC)	
85610 YD	Prothombin time	3.00
85730 YD	Thromboplastin time, partial (PTT); plasma or whole blood	3.00
86592 YD	Syphilis test; qualitative	1.50
86762 YD	Rubella antibody	12.00
86850 YD	Antibody screen, RBC, each serum technique	4.20
86900 YD	Blood typing; ABO	2.00
86901 YD	Rh (D)	2.00
87340 YD	Hepatitis B surface antigen (HBsAg)	14.00

The HCPCS codes listed below are to be used by providers who are billing for **office visits** for elective abortion services for Medicaid or NJ KidCare beneficiaries, either FFS or those enrolled in managed care.

**In the event that the procedure includes more than one office visit, these codes shall only be billed and reimbursed once per procedure.** An example of this type of situation would be if the beneficiary initially went to the office for a history, physical examination and the insertion of the cervical dilator and then returned to the office for the completion of the procedure.

HCPCS CODES	MOD	DESCRIPTION	MAXIMUM FEE ALLOWANCE		
			S	\$	NS
99203 YD		Office or other outpatient visit for the evaluation and management of a new patient	22.00		17.00
99213 YD		Office or other outpatient visit for the evaluation and management of an established patient	16.00		14.00

If there are any general policy questions concerning this Newsletter, please contact the Division of Medical Assistance and Health Services, Office of Health Service Administration at (609) 588-2721.

If there are any policy questions specific to managed care and abortion services, please contact the Division of Medical Assistance and Health Services, Office of Managed Care, at (609) 588-2705.

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