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

NEWSLETTER

Volume 12 No. 91 **September 2002**

TO: Certified Nurse Midwives (CNMs) - **For Action**
HMOs - **For Information Only**

SUBJECT: Change in Billing Procedures for Intrauterine Devices (IUDs)

EFFECTIVE: **For service dates on or after September 1, 2002**

PURPOSE: To notify Medicaid/NJ FamilyCare (NJFC) fee-for-service (FFS) providers of a change in the billing procedure for Intrauterine Devices (IUDs).

BACKGROUND: Currently, the New Jersey Division of Medical Assistance and Health Services (DMAHS) reimburses CNM for the insertion of IUDs utilizing all-inclusive NJ specific Level III codes. The availability of National Level II codes for the two IUDs, Paragard and Mirena, makes it possible for DMAHS to separate the billing for the device from the billing for the insertion.

ACTION: Beginning with dates of service on or after September 1, 2002, the use of the following procedure codes will be discontinued: W0001 WM, W0002 WM, W0004 WM, and W0008 WM. Instead, providers billing for the insertion or the removal of IUD, shall use the following HCPCS and J-codes, as appropriate:

IND	HCPCS CODE	MOD	FOLLOW UP DAYS	DESCRIPTION	MAXIMUM FEE ALLOWANCE $	ANES. BASIC UNITS
E	58300	WM	30	Insertion of IUD by a CNM including the post-insertion visit	29.85	3
E	58301	WM	0	Removal of IUD by a CNM	16.40	3

IND	HCPCS CODE	MODt	FOLLOW UP DAYS	DESCRIPTION	MAXIMUM FEE ALLOWANCE $	ANES. BASIC UNITS
	J7300		0	Paragard	Average whole-sale price (AWP)* or acquisition cost, whichever is lower	0
	J7302		0	Mirena	Average whole-sale price (AWP)* or acquisition cost, whichever is lower	0

NOTE 1: The indicator (IND) "E" preceding any procedure code means that these procedures are excluded from multiple surgery pricing and, as such, shall be reimbursed at 100% of the Medicaid maximum fee allowance even if the procedure is done on the same patient by the same practitioner at the same operative session. These procedure codes are also excluded from the policy that prohibits billing for an office visit in addition to surgical procedure.

NOTE 2: When billing for any of the above codes, block 24H in the family planning indicator field on the CMS 1500 claim form shall be completed by using "2" for beneficiaries 21 years of age or older, or "3" for beneficiaries under 21 years of age.

* **NOTE 3:** Enter the AWP or your acquisition cost for either J7300 or J7302 in block 24F on the CMS 1500 (formerly the HCFA 1500) claim form. Providers may use up their supply of HCFA 1500 forms before using the CMS 1500 forms.

If there are any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2718.

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