



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

NEWSLETTER

Volume 4 No. 35

July 1994

TO: Hospitals - Chief Executive Officers,
Physicians, Certified Nurse Midwives, Independent
Clinics, Independent Clinical Laboratories,
Providers of Pharmaceutical Services, and Managed
Health Care Plan Providers

ROUTE TO: Hospital Accounting, Billing and Finance
Departments

SUBJECT: Termination of Medicaid Coverage for Infertility
Services

EFFECTIVE: For Dates of Service On and After July 25, 1994

PURPOSE: To inform providers that any medical service,
medical procedure, and/or prescription drug whose
use is to promote or enhance fertility will no longer be reimbursed
by the New Jersey Medicaid program.

BACKGROUND: The New Jersey Medicaid program presently reimburses
for certain services, procedures, laboratory
services and drugs related to infertility as family planning
services for Medicaid recipients.

P.L. 1994, c. 67, the New Jersey Appropriations Act, precludes continued Medicaid coverage of infertility services. Other family planning services will continue to be covered by the New Jersey Medicaid program. Family planning services are defined as those which prevent or delay pregnancy including medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuing care and genetic counseling.

ACTION: For dates of service on and after July 25, 1994, the New Jersey Medicaid program will no longer reimburse any provider, including Managed Health Care Plan providers under contract with the Division of Medical Assistance and Health Services, for any medical service, medical procedure and/or prescription drug whose use is to promote or enhance fertility, including sterilization reversals, and related medical visits, laboratory services, radiological and diagnostic services, and surgical procedures.

This restriction also applies to services provided to members of the Garden State Health Plan.

This restriction does not apply to Medicaid recipients eligible under the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program.

BILLING INSTRUCTIONS:

The following list of HCPCS procedure codes, ICD-9-CM Diagnosis Codes, ICD-9-CM Procedure Codes, prescription drugs and laboratory services, when used to promote and/or enhance fertility, will no longer be reimbursed by the New Jersey Medicaid program.

Providers should be aware that this is a partial list of non-covered services and it is the provider's responsibility to assure that procedures, prescription drugs or other services provided primarily to enhance or promote fertility not be billed to the New Jersey Medicaid program.

NON-COVERED SERVICES:

A. HCPCS Procedures Codes:

58310
58311
58321
58322
58323
58752
58752 AA
58752 80
58752 51 80
76948
76949
89300 WF
89329
89330

B. ICD-9-CM PROCEDURE CODES: CODES:	ICD-9-CM CODES:	DIAGNOSIS
6382	6060	
6384	6061	
6385	6068	
6395	6069	
6573	6280	
6672	6281	
6674	6282	
6693	6283	
6694	6284	
6695	6288	
6696	6289	
6992	V260	
9996	V261	
	V262	
	V264	
	V268	
	V269	

C. PRESCRIPTION DRUGS:

CLOMIPHENE CITRATE (CLOMID AND SEROPHENE);
UROFOLLITROPEN (METRODINE);
MENOTROPINS (PERGONAL).

- EXCEPTIONS:** 1. When any service other than a prescription drug is provided that is ordinarily considered an infertility service, but is provided for another purpose, then the provider must submit the claim with supporting documentation for medical review and approval for payment, to the Division of Medical Assistance and Health Services, Office of Medical Affairs and Provider Relations, CN-712, Mail Code #14, Trenton, New Jersey, 08625-0712.

2. When a prescription drug is provided that is ordinarily used for infertility but is provided for medical conditions unrelated to infertility, then the provider of pharmaceutical services must submit a "hard copy" claim with supporting documentation (including a copy of the written prescription with the diagnosis code) that the pharmacist obtained from the prescribing physician, for medical review and approval for payment, to the:

Chief, Pharmaceutical Services
Division of Medical Assistance and Health Services
Office of Medical Affairs and Provider Relations
CN-712, Mail Code #20
Trenton, New Jersey, 08625-0712.

For other information or questions concerning this Newsletter, please contact the:

Medical Consultant
Division of Medical Assistance and Health Services
Office of Medical Affairs and Provider Relations
CN-712, Mail Code #14
Trenton, New Jersey, 08625-0712
(609) 588-2751.

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