

TO: Hospitals - Chief Executive Officer,
Physicians, Independent Clinics, and
Health Maintenance Organizations (HMOs)

ROUTE TO: Hospital Finance, Accounting and Billing Offices

SUBJECT: Federal Medicaid Funding for Termination of Pregnancy
Procedures

EFFECTIVE: Immediately

PURPOSE: 1. To provide new instructions regarding a revised
Physician Certification Statement (FD-179)(Rev. 7/95);
and
2. To reiterate the current Medicaid policy regarding
abortion claims processing.

BACKGROUND: Consistent with prior court rulings, the New Jersey Medicaid
emotional and psychological factors; family reasons; and age in determining
whether a termination of pregnancy is medically necessary.

The determination of medical necessity is subject to review by Medicaid in
accordance with the rules of the Medicaid program at N.J.A.C. 10:52-2.14. In
addition, the procedure must be performed consistent with N.J.A.C. 13:35-4.2 -
Termination of Pregnancy (Board of Medical Examiners).

As part of the Health and Human Services Appropriations Act, Congress passed revisions
save the life of the mother, but also to terminate a pregnancy resulting from
rape or incest when the claim for such an abortion is paid by the State on or
after October 1, 1993.

ACTION: The New Jersey Medicaid program has revised the "Physician Certification reporting purposes.

Providers may photocopy the attached FD-179 form for submission with the claim for termination of pregnancy services, or obtain additional copies of the FD-179 form from the Provider Services Unit of Unisys, the Medicaid fiscal agent. A sample of the "Physician Certification" and instructions for the completion of the form are included for your information.

Additional information concerning the New Jersey Medicaid program policy governing termination of pregnancy services is located in the New Jersey Administrative Code, Title 10, N.J.A.C. 10:52-1.16, Manual for Hospital Services; N.J.A.C. 10:54-1.23, Manual for Physician Services; N.J.A.C. 10:66-2.8(i), Manual for Independent Clinics.

INSTRUCTIONS FOR CLAIMS COMPLETION:

1. Claims for abortion services are "hard copy" restricted. Electronic billing is not permitted.

2. For procedures performed for the purpose of an elective abortion:

When this claim is submitted for payment, a completed "Physician Certification" (FD-179)(Rev. 7/95) form must be submitted with the claim form. The certification must be filled out completely and accurately. If the FD-179 is not filled out completely and accurately, the claim will be denied.

3. When a procedure code (as defined in the narrative section of the procedure code in the CPT-4) can be performed for an elective abortion or for other purposes:

When this claim is submitted for payment, a "hard copy" claim with the necessary certification form (FD-179) must be submitted, if an elective abortion was performed.

4. When a procedure was performed for purposes other than an elective abortion:

Only medical documentation must be submitted with this claim form for the fiscal agent's review. At a minimum, the medical documentation must include the discharge summary or the medical history that documents the procedure was not performed for elective abortion purposes.

5. If any of the following conditions occur, the claim will be denied:
 - a. If the medical documentation is not submitted; or
 - b. If the medical documentation does not contain sufficient information to document that the service was not an elective abortion; or
 - c. If the FD-179 is not completed correctly.

6. A partial list of codes that may be utilized by providers for elective termination of pregnancy procedures is indicated below for informational purposes only. The list may not reflect all the possible codes, nor does the provision of this list entail a requirement on the part of the New Jersey Medicaid program to provide an updated list of codes if there are any changes. The policy contained in this Newsletter applies to the medical procedures performed and is not restricted to the use of these codes only.

- a. The following ICD-9-CM procedure codes are always related to legal abortion services for inpatient and outpatient services on the UB-92 claim form. (Requires an FD-179 submitted with the claim form.)

69.01	Dilation and curettage for termination of pregnancy	
69.51	Aspiration curettage of uterus for termination of	pregnancy
69.6	Menstrual extraction or regulation	
69.93	Insertion of laminaria	
74.91	Hysterotomy to terminate pregnancy	
75.0	Intra-amniotic injection for abortion	

- b. The following HCPCS procedure codes are some of the codes that are used to identify ALWAYS legal abortion services and appear on physician or independent clinic claims (HCFA 1500 or 1500 N.J.). (Requires an FD-179 submitted with the claim form.)

59840 WY	Induced abortion, by dilation and curettage, up to and inclusive of 24 weeks from the last menstrual period (LMP)	
59840 WZ	Induced abortion, by dilation and curettage, after 14	week
59841 WY	Induced abortion, by dilation and evacuation, up to and inclusive of 14 weeks from the last menstrual period (LMP)	

59841 WZ	Induced abortion, by dilation and evacuation, after 14	week
59840	Induced abortion, by dilation and curettage	
59841	Induced abortion, by dilation and evacuation	
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis injections), including hospital admissions and visits, delivery of fetus and secundines	
59851	with dilation and curettage and/or evacuation	
59852	with hysterotomy (failed intra-amniotic injection)	
59855	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines	
59856	with dilation and curettage and/or evacuation	
59857	with hysterotomy (failed medical evaluation)	

c. The following ICD-9-CM procedure codes can be related to legal abortion services for inpatient and outpatient services on the UB-92 claim form. (Requires an FD-179 or medical documentation submitted with the claim form.)

69.02	Dilation and curettage following delivery or abortion
69.52	Aspiration curettage following delivery or abortion
69.59	Other aspiration curettage of uterus
96.49	Other genitourinary instillation

d. The following is a HCPCS procedure code which can be related to legal abortion service and appears on the physician or independent clinic claim form (HCFA 1500 or 1500 N.J.). (Requires an FD-179 or medical documentation submitted with the claim form.)

59100	Hysterotomy (e.g., for hydatidiform mole, abortion)
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For further information or questions concerning this Newsletter, please contact Constance Thomas, Administrator, Office of Policy and Intergovernmental Relations, (609) 588-2629.

- Attachments: 1. Physician Certification (FD-179) (Rev. 7/95); and
2. Item-by-item Instructions for Completing the Physician Certification (FD-179)(Rev. 7/95)

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")

