



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

NEWSLETTER

Vol.5 No. 72

December 1995

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

REVISION: PLEASE DISCARD NEWSLETTER VOLUME 5, NO. 48.

This Newsletter provides a revised copy of the Newsletter,
Volume 5, No. 48, dated August 1995. Please note:

1. A correction to HCPCS procedure code -
59840 WY - Induced abortion, by dilation and curettage,
up to and inclusive of 14 weeks from the last menstrual
period (LMP); not the 24 weeks previously indicated:
2. A deletion of HCPCS procedure code - (This HCPCS
procedure code is no longer reimbursable):
59840 WZ - Induced abortion, by dilation and curettage,
after 14 weeks from the last menstrual period (LMP).

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

BACKGROUND: Consistent with prior court rulings, the New Jersey Medicaid program reimburses physicians, independent clinics, and hospitals for a medically necessary termination of pregnancy. A physician may take into consideration physical, 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 to the Hyde Amendment pertaining to Federal funding of abortions under the Medicaid program. Thus, Federal Medicaid funding is now available not only for abortions performed to 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" (FD-179)(Rev. 7/95) to reflect the Federal change. A patient's statement to her physician that the pregnancy is the result of rape or incest is sufficient for Medicaid 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 Clinic Services.

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) 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 "Physician Certification"(FD-179) must be submitted, if an elective abortion is 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 claim forms (HCFA 1500). (Requires an FD-179 submitted with the claim form.)

59840 Induced abortion, by dilation and curettage.
59840 WY Induced abortion, by dilation and curettage, up to and inclusive of 14 weeks from the last menstrual period (LMP).
59841 Induced abortion, by dilation and evacuation.
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 weeks from the last menstrual period (LMP).
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 genito-urinary instillation.

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

59100 Hysterotomy (e.g., for hydatidiform mole, abortion).

For further information or questions concerning this Newsletter, please contact Constance Thomas, Administrator, Office of Policy and Intergovernmental Relations, at (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 THE NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PHYSICIAN CERTIFICATION

Recipient's Name: _____

Recipient's Address: _____

Recipient's HSP (Medicaid) Case Number: _____ / _____

I certify that it was medically necessary to perform an abortion on the Medicaid recipient indicated above, for the following reasons:

- To save the life of the mother; or ⁽⁰⁾
- The pregnancy was the result of an act of rape; or ⁽¹⁾
- The pregnancy was the result of an act of incest; or ⁽²⁾
- In my professional judgement, the abortion was medically necessary and consistent with the Federal court ruling that a physician may take the following factors into consideration in determining whether an abortion is medically necessary. ⁽³⁾

Physical, emotional and psychological factors;

Family reasons;

Age.

Signature of physician who performed the abortion

Medicaid Provider Service Number

Date

ITEM-BY-ITEM
INSTRUCTIONS FOR COMPLETING THE "PHYSICIAN
CERTIFICATION" (FD-179) (REV. 7/95)

1. Beneficiary's Name: Copy the beneficiary's name as printed on the Medicaid Eligibility Identification Card. First name must be first.
2. Beneficiary's Address: Enter the beneficiary's complete address.
3. Beneficiary's HSP (Medicaid) Case Number and Person Number: Copy the beneficiary's HSP (Medicaid) Case Number and Person Number **EXACTLY** as printed on the Medicaid Eligibility Identification Card.
4. Boxed Items:

Check the box that best certifies the reason for the medical necessity for the abortion.

 - . To save the life of the mother;
 - . The pregnancy was the result of an act of rape;
 - . The pregnancy was the result of an act of incest.

I hereby attest to the fact that in my professional judgment, the abortion was medically necessary and consistent with the Federal court ruling in determining whether an abortion is medically necessary:

 - . Physical, emotional and psychological factors
 - . Family reasons
 - . Age
5. Signature of Physician Performing the Abortion, Medicaid Provider Service Number, and Date: The physician who performs the abortion must sign and date the form personally and enter his seven-digit Medicaid Provider Service Number.