



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

NEWSLETTER

Volume 7 No. 73

December 1997

TO: Physicians, Certified Nurse Midwives, Certified Nurse Practitioners/Clinical Nurse Specialists, Independent Clinics, Independent Clinical Laboratories, and Health Maintenance Organizations (HMOs)

SUBJECT: Fee-For-Service (FFS) Coverage of Abortion-Related Procedures

EFFECTIVE: Immediately

BACKGROUND: Abortions are a covered New Jersey Medicaid service and are reimbursed on a FFS basis. Abortions are defined as elective abortions not related to spontaneous abortions, or miscarriages. Elective abortions for Medicaid beneficiaries are not reimbursed through the Health Maintenance Organization (HMO) contracts. The New Jersey Medicaid Newsletter, Volume 6, No. 53, dated October 1996 described the procedures to be used when a Medicaid-participating provider performs an elective abortion for a Medicaid beneficiary enrolled in managed health care.

PURPOSE:

1. To clarify and change Medicaid policy in that Newsletter regarding FFS coverage of certain abortion-related services for Medicaid beneficiaries enrolled in managed health care; and
2. To announce implementation of HCPCS codes specific to elective abortion services to be used by providers for all elective abortions for all Medicaid beneficiaries. These HCPCS codes are not limited to use for Medicaid beneficiaries enrolled in managed care.

ACTION:

1. Effective May 18, 1996, the New Jersey Medicaid program is changing its policy contained in the Newsletter of Volume 6, No. 53, by indicating payment for ultrasound services for abortion are paid FFS rather than including it as a responsibility of the HMO. Providers should use the following HCPCS codes to bill these services when they are provided as part of an elective abortion. Use the ultrasound HCPCS code without the modifier for ultrasound procedures which are not directly billed as part of the abortion surgical procedure.

HCPCS CODES	DESCRIPTION	MAXIMUM FEE ALLOWANCE
76805 YD	Ultrasound of Pregnant Uterus: Complete	\$55.00
76815 YD	Ultrasound of Pregnant Uterus: Limited	\$25.00
76830 YD	Transvaginal Ultrasound	\$67.00

2. All providers billing for the surgical pathology for abortion services under FFS for Medicaid beneficiaries should use the procedure code 88300 YD or 88304 YD. This is applicable also to Medicaid beneficiaries enrolled in Managed Health Care. Providers who refer the specimen out should advise the referring provider that the pathology specimen is related to an elective abortion, so that the provider can bill the appropriate HCPCS code.

HCPCS CODES	DESCRIPTION	MAXIMUM FEE ALLOWANCE	
		Total Fee	Prof.Comp.
88300 YD	Surgical Pathology, gross	\$ 9.35	\$ 7.00
88304 YD	Surgical Pathology	\$26.00	\$19.00

3. The Division has implemented a policy to reimburse RhoGam in addition to the facility fee paid to Ambulatory Surgical Centers. This was announced in the New Jersey Medicaid Newsletter, Volume 7, No. 55, dated September 1997. All providers should bill using either J2790 YD or J2790 YD 22 when providing this service as part of an elective abortion. Continue billing the appropriate HCPCS code without the YD modifier for this procedure if it is not performed as part of an elective abortion.

HCPCS CODES	DESCRIPTION	MAXIMUM FEE ALLOWANCE
J2790 YD	RhoGam Injection: Microdose	\$26.00
J2790 YD 22	RhoGam Injection: Full dose	\$45.00

4. The Division has implemented the following procedures for elective abortion services effective May 18, 1996 (57800 YD, 59200 YD and 64435 YD). All providers should bill these procedure codes if the services are provided as a result of an elective abortion service.

HCPCS CODES	DESCRIPTION	MAXIMUM FEE ALLOWANCE	
		S	NS
57800 YD	Dilation of cervical canal	\$30.00	\$26.00
59200 YD	Insertion of cervical dilator	\$40.00	\$34.00
64435 YD	Paracervical (uterine) nerve injection	\$40.00	\$36.00

NOTE: 1. Providers who have submitted claims for the above-mentioned services and have been denied may resubmit these claims to Unisys, if all timely filing requirements have been met.

NOTE: 2. For items 1. through 4. above, providers are reminded that all the other policies contained in Newsletter, Volume 6, No. 53, remain in effect. Other services, such as routine laboratory tests, which may be related to the abortion procedure are under the financial and case management purview of the HMO. Related services include: medical clearance for surgery, which may include the history and physician examination on the day of surgery; complete blood count (CBC), blood typing and cross match; and the pregnancy test. All related testing and services must be agreed to by the HMO and the provider of the abortion services. A provider performing the abortion must follow the policies and procedures of the HMO in which the Medicaid beneficiary is enrolled and may not bill the Medicaid FFS program for these abortion-related services.

These abortion-related services must be performed by the HMO with the results sent to the provider of the abortion service or they can be negotiated within a contractual reimbursement process between the provider of abortion services and the HMO. In the latter situation, the provider of the abortion services performs agreed upon related services and receives payment from the HMO.

A Newsletter regarding hospital billing will be sent in the near future.

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 Health Care, at (609) 588-2705.

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