



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

NEWSLETTER

Volume 8 No. 19

April 1998

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: The Division sent out New Jersey Medicaid Newsletter, Volume 7, No. 73, dated December 1997, containing the policy for coverage of elected abortion services provided to individuals enrolled in a HMO. This Newsletter does not change that policy but corrects the fees and adds some additional procedure codes. As indicated earlier, 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 Newsletter, Volume 6, No. 53, 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, they can be used for any abortion services rendered to any beneficiary.

ACTION:

1. Please delete the New Jersey Medicaid Newsletter, Volume 7, No. 73, dated December 1997, and insert this Newsletter instead. Effective May 18, 1996, the New Jersey Medicaid program changed its policy contained in the Newsletter of Volume 6, No. 53, by indicating payment for ultrasound services for abortion are paid on a FFS basis and are not the 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		
		Total	Tech. Comp.	Prof. Comp.
76805 YD	Ultrasound of Pregnant Uterus: Complete	\$55.00	\$29.80	\$25.20
76815 YD	Ultrasound of Pregnant Uterus: Limited	\$25.00	\$14.20	\$10.80
76830 YD	Transvaginal Ultrasound	\$67.00	\$38.00	\$29.00

2. All providers billing for the surgical pathology for abortion services under FFS for Medicaid or NJ KidCare beneficiaries should use the procedure code 88300 YD, 88300 YD 26, 88304 YD or 88304 YD 26. This is applicable also to Medicaid or NJ KidCare 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
88300 YD	Surgical Pathology, gross	\$ 9.35
88300 YD 26	Surgical Pathology, gross	\$ 7.00
88304 YD	Surgical Pathology	\$26.00
88304 YD 26	Surgical Pathology	\$19.00

3. The Division 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	
		After 8/1/97	Before 8/1/97
J2790 YD	RhoGam Injection: Microdose	\$26.00	\$20.40
J2790 YD 22	RhoGam Injection: Full dose	\$45.00	\$72.07

4. The Division 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	\$30.00	\$26.00

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. Under the current HMO contract 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 physical examination on the day of surgery; complete blood count (CBC), blood typing and cross match; prothrombin time (PT); partial thromboplastin time (PTT); urinalysis; urine drug screen (as indicated); glucose; electrolytes; 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 or NJ KidCare 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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