



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

# NEWSLETTER

Volume 9 No. 13

March 1999

**TO:** Certified Nurse Midwives - For Action  
Health Maintenance Organizations - For Information Only

**SUBJECT:** Change in Reimbursement for Intrauterine Devices

**EFFECTIVE:** For services provided on and after January 1, 1998

**PURPOSE:** To advise providers of the change in reimbursement involving the insertion of Intrauterine Devices (IUD).

**BACKGROUND:** The Division of Medical Assistance and Health Services reimburses certified nurse midwives for the insertion of intrauterine devices utilizing the concept of an all-inclusive reimbursement which includes the cost of the specific type of device supplied. An increase in the cost of these intrauterine devices necessitates a change in reimbursement; and follow-up days have been added.

**ACTION:** In order to identify a claim as a family planning service, **ITEM 24H** in the family planning indicator field **must** be completed on the HCFA 1500 claim as follows:

- a) Add "2" for Family Planning Services; or
- b) Add "3" for Family Planning Services when the beneficiary is under 21 years of age (EPSDT).

For insertions and removals of intrauterine devices on and after January 1, 1998, the all-inclusive HCPCS codes and Maximum Fee Schedule are as follows:

| <u>IND</u> | <u>HCPCS</u> | <u>MOD</u> | <u>FOLLOW</u> | <u>DESCRIPTION</u>  | <u>MAXIMUM FEE ALLOWANCE</u> |
|------------|--------------|------------|---------------|---|------------------------------|
|            | <u>CODE</u>  |            | <u>UP</u>     |   | <u>\$</u>                    |
|            |              |            | <u>DAYS</u>   |   |                              |
|            | W0001        | WM         | 30            | Supplying and inserting the intrauterine device "Paragard" by a certified nurse-midwife including the post-insertion visit                                  | 304.00                       |
|            | W0002        | WM         | 30            | Supplying and inserting the intrauterine device "Progesta-<br>sert" by a certified nurse midwife including the post-insertion visit                         | 137.00                       |
|            | W0004        | WM         | 30            | Removal of an IUD by a physi-<br>cian followed at the same visit<br>by the insertion of the IUD<br>"Paragard" and including the<br>post-insertion visit     | 317.00                       |
|            | W0008        | WM         | 30            | Removal of an IUD by a physi-<br>cian followed at the same visit<br>by the insertion of the IUD<br>"Progestasert" and including<br>the post-insertion visit | 150.00                       |
| E N        | 58301        | WM         | 0             | Removal of intrauterine device<br>(IUD)   | 16.40                        |

**NOTE:**

To adjust those claims that were already paid at the previous rates for dates of service on or after January 1, 1998, providers may submit a FD-999 (Claims Adjustment Form) to request any additional reimbursement.

If you have any questions regarding this Newsletter, please contact the Office of Health Services Administration, Division of Medical Assistance and Health Services, (609) 588-2721.

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