



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

# NEWSLETTER

Volume 9 No. 14

March 1999

**TO:** Certified Nurse Practitioners/Clinical Nurse Specialists - 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 practitioners/clinical nurse specialists 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.

**NOTE:** "Follow-up days" means to include only that care related to recovery from the diagnostic procedure itself or which is usually a part of the surgical service.

**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>CODE</u>	<u>MOD</u>	<u>FOLLOW</u> <u>UP</u> <u>DAYS</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> <u>\$</u>
	W0001 AV		30	Supplying and inserting the intrauterine device "Paragard" by a certified nurse-midwife including the post-insertion visit	304.00
	W0002 AV		30	Supplying and inserting the intra-uterine device "Progestasert" by a CNP/CNS including the post-insertion visit	137.00
	W0004 AV		30	Removal of an IUD by a CNP/ CNS followed at the same visit by the insertion of the IUD "Paragard" and including the post-insertion visit	317.00
	W0008 AV		30	Removal of an IUD by a CNP/ CNS followed at the same visit by the insertion of the IUD "Progestasert" and including the post-insertion visit	150.00
E	58301 AV		0	Removal of intrauterine device (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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