



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

# NEWSLETTER

Volume 9 No. 16

March 1999

**TO:** Family Planning Clinics - 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 independent clinics and federally qualified health centers (FQHCs) 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; follow-up days and anesthesia basic units 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>CODE</u>	<u>MOD</u>	<u>FOLLOW</u> <u>UP</u> <u>DAYS</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> <u>SPECIALIST \$ NON-SPECIALIST</u>		<u>ANES</u> <u>BASIC</u> <u>UNITS</u>
	W0001	WF	30	Supplying and inserting the intrauterine device "Paragard" by a physician including the post-insertion visit	313.15	313.15	0
	W0001	WM WF	30	Supplying and inserting the intrauterine device "Paragard" by a certified nurse-midwife including the post-insertion visit	N/A	304.00	0
	W0002	WF	30	Supplying and inserting the intrauterine device "Progesta- sert" by a physician including the post-insertion visit	145.80	145.80	0
	W0002	WM WF	30	Supplying and inserting the intrauterine device "Progesta- sert" by a certified nurse midwife including the post-insertion visit	N/A	137.00	0
	W0004	WF	30	Removal of an IUD by a physician followed at the same visit by the insertion of the IUD "Paragard" and including the post-insertion visit	329.15	329.15	3
	W0004	WM WF	30	Removal of an IUD by a certified nurse-midwife followed at the same visit by the insertion of the IUD "Paragard" and including the post-insertion visit	N/A	317.00	3
	W0008	WF	30	Removal of an IUD by a physi- cian followed at the same visit by the insertion of the IUD "Progestasert" and including the post-insertion visit	161.80	161.80	3

<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>SPECIALIST \$ NON-SPECIALIST</u>		<u>ANES</u> <u>BASIC</u> <u>UNITS</u>
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	W0008	WM WF	30	Removal of an IUD by a certified nurse-midwife followed at the same visit by the insertion of the IUD "Progestasert" and including the post-insertion visit	N/A	150.00	3
E	58301	WF	0	Removal of intrauterine device (IUD)	16.40	16.40	3
E	58301	WM WF	0	Removal of intrauterine device (IUD)	N/A	16.40	3

**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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