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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 93 LCM-69

Date: June 29, 1993

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Increases to Fees for a Select Group of Women's Medical
Services

ATTACHMENTS: Fee Increase Schedule for Affected Services for Women's
Medical Care (available on line)

The Department of Social Services is pleased to announce approval by the Division of the Budget for increases to fees for selected procedures to help improve women's access to diagnostic and preventive services. The enhanced procedures include mammography, family planning, and certain gynecological procedures. It is anticipated that enhanced reimbursement for early diagnostic and treatment services will help prevent the development of more advanced disease conditions and the need for the more expensive treatment of them. The fee increases seek to maintain existing participation of office based practitioners who in the past declined participation due to inadequate reimbursement.

The specific procedures are noted on the attached list. The new fees were effective April 1, 1993. We are preparing a notice to providers announcing the fee increase, and we will ask the physician associations to publicize the enhancements to those who are not currently participating.

If you have any questions concerning the enhancement of fees for selected women's health procedures, please contact Beth Brown, Division of Health and Long Term Care, 1-800-342-3009, extension 3-5956, User I.D. AX2240.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care

Fee Increases for Select Women's Health Services

<u>Code</u>	<u>Description</u>	<u>Previous Fee</u>	<u>Fee Effective 4/1/93</u>
76091	Mammography, bilateral	\$ 30.00	\$ 51.00
76092	Screening mammography, bilateral	30.00	51.00
11975	Insertion implantable contraceptive capsules	36.00	81.00
11976	Removal implantable contraceptive capsules	25.00	57.00
11977	Removal implantable contraceptive capsules with reinsertion	-----	109.50
19101	Biopsy of breast; incisional	60.00	122.00
19120	Excision of cyst-aberrant breast tissue	60.00	182.00
56300	Laparoscopy, diagnostic (previous code 58980)	60.00	189.00
56301	Laparoscopy, surgical; with fulgration (previous code 58982)	160.00	181.00
56302	Laparoscopy, surgical; with fulgration (previous code 58983)	160.00	201.00
57452	Colposcopy	12.00	44.00
57454	Colposcopy with cervical biopsy	20.00	73.00
57510	Cauterization of cervix	12.00	41.00
57511	Cryocautery	20.00	76.00
57513	Laser ablation	20.00	149.00
57520	Conization of cervix	80.00	204.00
57700	Cerclage of uterine cervix, nonobstetrical	80.00	102.00
57720	Trachelorrhaphy, plastic repair of uterine cervix	80.00	215.00
58100	Endometrial biopsy, suction type	12.00	40.00
58120	Dilation and curettage, diagnostic	60.00	152.00
58300	Insertion of intrauterine device	12.00	49.00
58301	Removal of intrauterine device	3.00	36.00
58600	Ligation or transection of fallopian tube(s)	160.00	320.00
58605	Ligation or transection of fallopian tube(s) postpartum	120.00	246.00
58700	Salpingectomy	180.00	359.00
58720	Salpingo-oophorectomy	180.00	406.00
58740	Lysis of adhesions	200.00	417.00
59000	Amniocentesis, any method	20.00	65.00