



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

NEWSLETTER

Volume 10 No. 17

March 2000

TO: Family Planning Clinics – **For Action**
Independent Clinical Laboratories-**For Action**
Hospital Based Laboratories – **For Action**
Health Maintenance Organizations-**For Information Only**

SUBJECT: **HCPCS Procedure Codes for Papanicolaou (PAP) Smears Provided in Conjunction with Family Planning Services**

EFFECTIVE: Claims with service dates on or after September 1, 1999

PURPOSE: To inform Title X providers of additional laboratory HCPCS procedure codes that can be considered family planning services when provided in a Title X facility, or as a result of a referral from a Title X grantee

BACKGROUND The Health Care Financing Administration (HCFA) advised the New Jersey Medicaid/NJ KidCare programs that specified services, federally mandated by Title X guidelines, can be considered family planning services when they are provided in conjunction with a family planning visit in a Title X facility, or as a result of a referral by a Title X grantee.

ACTION: The HCPCS procedure codes, related to PAP smears, listed in this Newsletter, are considered part of family planning services when performed by a Title X grantee in conjunction with a family planning service visit. Providers should use these codes for claims with dates of service on or after September 1, 1999, if the services are provided as part of a family planning encounter.

1. In order to identify a claim as a **family planning service**, the New Jersey Medicaid/NJ KidCare programs require that the **family planning indicator FIELD** on the claim form be properly completed.

- For providers that bill on the HCFA 1500 claim form, **ITEM 24H must be completed with the correct value code**, either:

a) "2" for Family Planning Services; or

b) "3" for Family Planning Services when part of EPSDT.

- For providers that bill on the UB-92 claim form, the **CONDITION CODE A-4 in FORM LOCATOR 24-30** must be indicated.

2. If a Title X grantee provider refers a patient's laboratory specimen to an independent clinical laboratory or an outpatient hospital department for the testing, the referring provider shall notify the independent clinical laboratory or hospital that this test is to be considered a family planning service so that the laboratory can indicate this appropriately on their claim form by using one of the following procedure codes and the above mentioned indicators.

<u>HCPCS</u>	<u>Description</u>	<u>Fee</u>
88143WF	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	18.00
88144WF	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and computer-assisted rescreening under physician supervision	18.00
88145WF	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	18.00
88147WF	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	6.00
88148WF	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening	6.00
88153WF	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	6.00

88154WF	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	6.00
88164WF	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	6.00
88165WF	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	6.00
88166WF	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	6.00
88167WF	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	6.00

If you have any questions concerning this Newsletter, please contact the Office of Health Service Administration at (609) 588-2721.

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