



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

NEWSLETTER

Volume 10 No. 55

July 2000

TO: Physicians, Certified Nurse Midwives, Certified Nurse Practitioners, Independent Clinics, Federally Qualified Health Centers (FQHC), and Family Planning Clinics – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Emergency Contraceptives

EFFECTIVE: July 1, 2000

PURPOSE: To inform providers of the availability of HCPCS procedure codes for specified emergency contraceptives

ACTION: Effective for claims with dates of service on or after July 1, 2000, providers will be allowed to seek reimbursement for providing specified emergency contraceptives to Medicaid/NJ KidCare - Plan A, B, and C beneficiaries.

The assigned HCPCS procedure codes and the corresponding reimbursement amounts for these drugs are listed below.

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
Z4333	Preven Contraceptive Kit	\$19.94
Z4334	Plan B Contraceptive Kit	\$10.98

For Medicaid and NJ KidCare – Plan A, B, and C beneficiaries enrolled in Health Maintenance Organizations (HMO) the right to choose a provider with respect to family planning continues not to be restricted. Family planning services rendered to a NJ KidCare – Plan A, B, or C beneficiary by a Medicaid/NJ KidCare participating provider who is not a part of the HMO network will be reimbursed by Medicaid/NJ KidCare on a fee-for-service basis. The provider must meet regular Medicaid/NJ KidCare program requirements for family planning services.

In order to identify a claim as a **family planning service**, the New Jersey Medicaid program requires that the **family planning indicator field** be completed.

1. 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.
2. For providers that bill on the UB-92 claim form, the **CONDITION CODE_A-4 in FORM LOCATOR 24-30** must be indicated.

If you have any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2721.

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