



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

NEWSLETTER

Volume 10 No. 86

December 2000

TO: Independent Laboratories, Hospitals - For Action
Health Maintenance Organizations - For Information **Only**

SUBJECT: **Auto Pap Primary Screening**

EFFECTIVE: Claims with service dates on or after December 1, 2000

PURPOSE: To notify providers of laboratory services of a change in Medicaid reimbursement for the Auto Pap Primary Screening

BACKGROUND: Due to increases in the cost of providing the Auto Pap Primary Screening, the New Jersey Division of Medical Assistance and Health Services (DMAHS) is changing its Medicaid maximum fee allowance for this service.

ACTION: **Effective for claims with service dates on or after December 1, 2000,** DMAHS is increasing the Medicaid maximum fee allowance for the Auto Pap Primary Screening as follows:

HCPCS Procedure Code	Current Fee Allowance	New Fee Allowance
88147	\$6.00	\$13.48
88148	\$6.00	\$13.48

If you have any questions concerning this Newsletter, please contact the DMAHS Laboratory Consultant at (609) 588-4610.

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