



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

# NEWSLETTER

Volume 12 No. 4

January 2002

**TO:** Independent Clinical Laboratories, Hospital Based Laboratories, and Federally Qualified Health Centers (FQHCs) – **For Action**  
 Health Maintenance Organizations – **For Information Only**

**SUBJECT:** Fetal Fibronectin Test

**EFFECTIVE:** For dates of service on or after November 1, 2001

**PURPOSE:** To notify independent clinical laboratories, hospital based laboratory providers and FQHCs of a change in the Medicaid and NJ FamilyCare (NJFC) fee-for-service reimbursement rate for the Fetal Fibronectin (fFN) test. For FQHCs only, this fee will serve as an interim rate.

**ACTION:** For claims with dates of service on or after November 1, 2001, Medicaid and NJFC fee-for-service programs shall reimburse a laboratory provider for the Fetal Fibronectin Test as follows:

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$71.20

If you have any questions regarding this Newsletter, please do not hesitate to contact Phyllis Valeri-Bruschini, M.T., Laboratory Consultant, Division of Medical Assistance and Health Services, at (609) 588-4610.

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