



TO: Family Planning Clinics, Physicians, Advanced Practice Nurses, Nurse Midwives, Independent Clinics, Laboratories, and Hospitals -
For Action
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Family Planning Services and Sterilization Consent Forms**

EFFECTIVE: **Immediately**

PURPOSE: To provide guidelines and instructions regarding proper billing for family planning services and completion of sterilization consent forms.

BACKGROUND: The following information provides brief descriptions of family planning services and sterilization services and requirements.

A. **Family planning services** prevent or delay pregnancy or otherwise control family size. Section 1905(a)(4)(C) of Title X requires states to furnish family planning services and supplies to individuals of childbearing age who are eligible under the state plan and who desire such services and supplies. Family planning services include medical history and physical examination (including pelvic and breast); the ordering of diagnostic and laboratory tests; the prescribing of drugs and biologicals, medical devices and supplies; and providing continued medical supervision, counseling, and continuity of care (**See N.J.A.C. 10:49-5.2**). Family planning services shall not include fertility related testing/services.

B. **Sterilization** is any medical procedure, treatment, or operation performed for the purpose of rendering an individual permanently incapable of reproducing (**See N.J.A.C. 10:52-213, 10:54-5.41, or 10:66-2.15**).

1. The individual to be sterilized shall be at least 21 years of age at the time the sterilization consent form is signed by the individual to be sterilized.
2. The individual to be sterilized shall not be mentally incompetent or institutionalized.
 - i. A mentally incompetent individual is an individual who has been declared mentally incompetent by a Federal, State, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilization.
3. The individual to be sterilized shall have voluntarily given informed consent in accordance with all the requirements prescribed in 42 CFR 441.257 through 441.258.

ACTION:

A. Family Planning. In order to identify a claim as a **family planning service**, the NJ FamilyCare/Medicaid program requires that the **family planning indicator field** must be completed. Please note that services provided in a family planning clinic that do not meet the definition/requirements for a family planning service may not be billed as family planning. Therefore, only those services categorized as **“always or possibly a family planning service”** should be accompanied by appropriate ICD-9-CM diagnosis codes in the V25 series or certain V26 codes, if the procedure/service is related to family planning.

1. For providers that bill on the **CMS 1500** claim form, **print or type the ICD-9-CM code(s) in field number 21**, which describe the diagnosis codes in the following series:
 - a) V25 (Encounter for Contraceptive Management); or
 - b) V26 (Procreative Management).
2. For providers that bill on the **CMS 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.
3. For providers that bill on the **UB-04 (CMS-1450)** claim form, the **CONDITION CODE “A-4” in form locator 18-28** must be indicated.
4. For providers that bill on the **UB-04 (CMS-1450)** claim form, **print or type the ICD-9-CM code(s) in form locator 67**, which describe the diagnosis codes in the following series:
 - c) V25 (Encounter for Contraceptive Management); or
 - b) V26 (Procreative Management).

B. Sterilization. The Consent Form-7473-M ED 3-81 (**see Fiscal Agent Billing Supplement**) is a replica of the form contained in the Federal Regulations and must be utilized by providers when submitting claims for sterilization procedures. Any claim (hospital, operating physician, anesthesiologist, clinic, etc.) involved in a sterilization procedure must **have a properly completed Consent Form-7473-M ED 3-81 attached to the claim when it is submitted for payment. Without the fully completed, signed consent form attached to the claim, payment shall be denied.** Claims for sterilization services are hard-copy restricted; electronic billing is not permitted.

C. Post Payment Reviews. The State will conduct a post payment review utilizing a random sample of Medicaid claims for clinic, laboratory, radiology, practitioner, or hospital services billed as family planning services. If the review indicates **the service did not meet the criteria** based on applicable Federal laws and regulations for family planning services, **payments will be recovered**.

If you have any questions concerning this Newsletter, please contact the Division of Medical Assistance and Health Services, Office of Preventive Services, at 609-588-2739.

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