



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

# NEWSLETTER

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THIS NEWSLETTER ANNOUNCES NEW ICD-10 BILLING INFORMATION  
PLEASE DISREGARD NEWSLETTERS VOLUME 12, NO. 12 & 37 FOR CLAIMS WITH SERVICE  
DATES ON OR AFTER OCTOBER 1, 2015

**TO:** Independent Clinics, Independent Laboratories, Pharmacies,  
Radiologists – **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** ICD-10 Update: New Jersey Supplemental Prenatal Care  
Program (NJSPCP)

**EFFECTIVE:** Immediately

**PURPOSE:** The purpose of the New Jersey Supplemental Prenatal Care Program (NJSPCP) is to provide prenatal medical care for pregnant women who would have otherwise qualified for the NJ FamilyCare Program, if not for their immigration status. NJSPCP provides limited funding for clinics and hospitals to meet this need. **This Newsletter also identifies the ICD-10-CM diagnosis codes that qualify applicants/beneficiaries for the NJSPCP.**

**BACKGROUND:** Each State Fiscal Year (SFY), the State provides limited funding to clinics and hospitals for the purpose of providing limited prenatal care to qualified pregnant women. This Program is not an entitlement. When NJSPCP funding in the in SFY is exhausted, services offered by the NJSPCP are discontinued for the remainder of the fiscal year. Clinics and hospitals are informed by Newsletter when the funding limit has been reached. Covered beneficiaries are also notified by mail.

**ACTION:** **Services available through the NJSPCP are limited to pregnancy-related services provided by a clinic or hospital, including primary care, radiology and clinical laboratory services. Radiology and clinical laboratory services may also be ordered by a clinic. In addition, pregnancy-related pharmaceuticals dispensed by a clinic or hospital are covered. No other services or providers shall be reimbursed under this Program. No pharmaceutical services shall be reimbursed when billed under a pharmacy's Medicaid provider ID number.**

Claims for radiology and laboratory services ordered by a clinic may be submitted directly to the State's fiscal agent for payment consideration, reporting

**the Medicaid Eligibility Identification Number found on the Presumptive Eligibility (PE) Identification Card.**

Eligibility for the Program shall initially be determined by PE sites. Eligible women receive a monthly PE Identification Card containing the message: ***“Services limited to prenatal, provided by clinics and hospitals only, including prenatal lab and X-ray services ordered by the clinic.”*** Clinics and hospitals may verify a beneficiary’s eligibility status by calling the Recipient Eligibility Verification System (REVS) at 1-800-676-6562 or through their Medicaid Eligibility Verification System (MEVS) vendor.

**ICD-9-CM diagnosis codes 640 through 648.9; or V22 through V23.89** must be reported on claims **with service dates prior to October 1, 2015** to request fee-for-service payments for NJSPCP services.

**ICD-10-CM diagnosis codes O09.0 through O09.9; or O10.0 through O29.9** must be reported on claims **with service dates on or after October 1, 2015** to request fee-for-service payments for NJSPCP services.

Services related to labor and delivery are not covered by the NJSPCP. Labor and delivery services are often covered by the Medical Emergency Payment Program for Aliens. Applications for the Medical Emergency Payment Program for Aliens are processed through the applicant’s/beneficiary’s County Welfare Agency (CWA) or a county worker out stationed at most Federally Qualified Health Centers (FQHCs) and hospitals. Applications for services related to labor and delivery should be filed with the CWA at the beginning of the third trimester of pregnancy.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**