



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

NEWSLETTER

Volume 29 No. 08

September 2019

TO: All Providers – **For Action**
Managed Care Organizations – **For Information**

SUBJECT: Introduction to Plan First

EFFECTIVE: Claims with service dates on or after October 1, 2019

PURPOSE: To introduce the NJ FamilyCare (NJFC) Medicaid provider community to Plan First, a new family planning program administered by the New Jersey Division of Medical Assistance and Health Services (DMAHS).

BACKGROUND: Governor Murphy signed into law family planning legislation to increase access to NJ Family Care (NJFC) Medicaid family planning services for individuals not currently eligible for other NJFC Medicaid programs.

Non-pregnant women and men with income between 138% and 205% of the Federal Poverty Limit (FPL) who are ineligible for other NJFC Medicaid-sponsored programs due to income are eligible for this new fee-for-service (FFS)-only family planning program, to be known as “Plan First.” Plan First has an allowed upper limit of 205% to mirror the income eligibility standards for pregnant women. Plan First provides family planning and family planning-related services only.

ACTION: Beginning October 1, 2019, all NJFC FFS providers are eligible to participate in the Plan First program. NJFC eligible individuals that opt into the Plan First Program may be covered for family planning and family planning-related services only.

All providers must first bill third party commercial carriers before submitting claims to Medicaid.

Eligibility criteria for Plan First include:

- Both women and men, regardless of age, may be evaluated for Plan First if not qualified to enroll in other NJFC Medicaid comprehensive coverage plans.
- Women who are not pregnant
- Women and men with no prior sterilization
- New Jersey residents
- US citizens or qualified immigrants
- Plan First is secondary coverage to Marketplace or private insurance coverage
- Income 139% to 205% FPL

There is no Presumptive Eligibility for Plan First services. A Plan First visit will not be covered if a patient is pregnant receiving prenatal care. The provider should alert the State office so that the Family Planning patient can be determined eligible for the Pregnant Women program and then seamlessly enrolled in a Medicaid/NJFC managed care plan so the visit can be covered. Only the State office can adjust eligibility retroactively to cover a prenatal visit.

Providers must notify via secure email to: dmahs.familyplanning@dhs.state.nj.us immediately should their patient on Plan First become pregnant. The provider must email the following information to the secure email account:

- patient's full name
- patient's case number
- expected due date
- number of expected babies

Attached are the Plan First Program Frequently Asked Questions intended to address NJFC Medicaid eligibility concerns related to the Plan First family planning program.

If you have any questions concerning this Newsletter, please contact the state's fiscal agent, DXC Technology, Provider Services at 1-800-776-6334.

Plan First Family Planning Services

Reimbursement for Plan First-covered services may be available from other third-party insurers, including Medicare. To ensure that NJFC Medicaid is the payer of last resort, providers are required to request payment from other insurers or Medicare prior to submitting claims to the NJFC Medicaid program.

See the Attachment for the specific CPT procedure codes for family planning services and family planning-related services covered by Plan First.

- Family planning pharmacy services, including oral contraceptives, Long-Acting Reversible Contraception (LARC), over the counter condoms, spermicides, etc. (with a prescription), diaphragms and Plan B[®] are covered by Plan First. Other prescription drugs are not covered by Plan First.
- Sterilization services are covered by Plan First. Claims requesting coverage for sterilization must include the required supportive documentation.
- Abortion and hysterectomy services are not covered by Plan First.
- Immunizations, other than Human Papilloma Vaccine (HPV), are not considered Plan First-covered services.

NOTE: Inpatient hospital services are not covered by Plan First.

Plan First Family Planning-Related Services

The diagnostic/medical services listed below are also covered by Plan First.

- Breast tomosynthesis*
- Mammograms*
- HPV vaccine and its administration

*Not related to cancer treatment

Claiming Responsibilities

COVERAGE INDICATOR VALUES	DESCRIPTION
C	SOMETIMES STERILIZATION
D	SOMETIMES FAMILY PLANNING
F	ALWAYS FAMILY PLANNING
S	ALWAYS STERILIZATION

- The Table above describes how services are categorized by Plan First. Those services assigned a Coverage Indicator value of “F” is always covered as a family planning service under Plan First. Those services assigned Coverage Indicator values of “C” or “D” are sometimes covered under Plan First (the “sometimes” refers to these services being ordered for other medical purposes). Those services assigned a Coverage Indicator value of “S” represent sterilization services always covered under Plan First. **The accuracy of reported values may be the subject of an audit conducted by the State of New Jersey**

For services assigned a **Coverage Indicator value of “F” or “S,”** providers need not populate the Family Planning Indicator data element (SV112) on a professional claim or provide the Family Planning Condition Code “A4” (HI-Condition Information) on an outpatient hospital claim.

For breast tomosynthesis, mammograms and HPV vaccinations, as well as those services assigned a Coverage Indicator value of “C” or “D,” providers must always populate the Family Planning Indicator field on a professional claim (data element SV112) or the “A4” Condition Code (HI-Condition Information) on an outpatient hospital claim, self-attesting that the delivered service is a family planning or family planning-related service. **The accurate reporting of the value may be the subject of an audit conducted by the State of New Jersey.**

Note: Populating the Family Planning Condition Code “A4” (HI-Condition Information) on an outpatient hospital Medicare/Medicaid crossover claim is not a requirement.

- **Error Code 1011** shall deny NJFC Medicaid payments when the appropriate Family Planning Indicator field on a professional claim or an outpatient hospital claim is not appropriately valued with a “Y.” **Error Code 1011** shall also deny payments for services determined to ‘never’ be covered by the Plan First Program.

Eligibility-Related Information

- Individuals enrolled in Plan First shall be assigned a Program Status Code (PSC) value of 381 or 764.
- Individuals who may enroll in Plan First include eligible NJFC women after their 60-day postpartum period or applicants (men or women) ineligible for other NJFC Medicaid-sponsored plans.
- Individuals seeking family planning services may complete the NJFC online application and opt in for the Family Planning program. The application will be automatically submitted to the appropriate agency for processing and the applicant will receive a confirmation page stating a successful submission as well as indicating which Eligibility Determining Agency will be processing the application.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
11976	REMOVE CONTRACEPTIVE CAPSULE			F = always family planning
11976	REMOVE CONTRACEPTIVE CAPSULE	AA		F = always family planning
11976	REMOVE CONTRACEPTIVE CAPSULE	FP		F = always family planning
11976	REMOVE CONTRACEPTIVE CAPSULE	SA		F = always family planning
11981	INSERT NON-BIO DRUG DELIV IMPL			F = always family planning
11981	INSERT NON-BIO DRUG DELIV IMPL	AA		F = always family planning
11981	INSERT NON-BIO DRUG DELIV IMPL	FP		F = always family planning
11982	REMOVAL NON-BIO DRUG DELIV IMP			F = always family planning
11982	REMOVAL NON-BIO DRUG DELIV IMP	AA		F = always family planning
11982	REMOVAL NON-BIO DRUG DELIV IMP	FP		F = always family planning
11983	REM W/INS NON-BIO DRUG DEL IMP			F = always family planning
11983	REM W/INS NON-BIO DRUG DEL IMP	AA		F = always family planning
11983	REM W/INS NON-BIO DRUG DEL IMP	FP		F = always family planning
17110	DESTROY-ANY METHOD-UP TO 15 LE			D = sometimes family planning
17110	DESTROY-ANY METHOD-UP TO 15 LE	AA		D = sometimes family planning
17110	DESTROY-ANY METHOD-UP TO 15 LE	SA		D = sometimes family planning
36415	ROUTINE VENIPUNCTURE FOR COLLE	SA		D = sometimes family planning
36415	ROUTINE VENIPUNCTURE FOR COLLE			D = sometimes family planning
36415	ROUTINE VENIPUNCTURE FOR COLLE	FP		F = always family planning
36416	COLLECT CAP BLOOD SPECIMEN	FP		F = always family planning
46916	CRYOSURGERY-ANAL LESIONS			D = sometimes family planning
46916	CRYOSURGERY-ANAL LESIONS	AA		D = sometimes family planning
54056	DESTROY PENILE LESION; CRYOSUR	AA		D = sometimes family planning
54056	DESTROY PENILE LESION; CRYOSUR	SA		D = sometimes family planning
54056	DESTROY PENILE LESION;CRYOSURG	FP		F = always family planning
54065	TREATMENT OF PENIS LESION			D = sometimes family planning
54065	TREATMENT OF PENIS LESION	AA		D = sometimes family planning
54065	TREATMENT OF PENIS LESION	SA		D = sometimes family planning
54500	BIOPSY OF TESTIS			D = sometimes family planning
54500	BIOPSY OF TESTIS	AA		D = sometimes family planning
54505	BIOPSY OF TESTIS			D = sometimes family planning
54505	BIOPSY OF TESTIS	AA		D = sometimes family planning
55250	VASECTOMY,_UNILATERAL_OR_BILAT			C = sometimes sterilization
55250	VASECTOMY,_UNILATERAL_OR_BILAT	AA		C = sometimes sterilization
56501	DESTROY VULVA LESION(S);SIMPLE			D = sometimes family planning
56501	DESTROY VULVA LESION(S);SIMPLE	AA		D = sometimes family planning
56515	TREATMENT OF VULVA LESIONS			D = sometimes family planning
56515	TREATMENT OF VULVA LESIONS	AA		D = sometimes family planning
56820	COLPOSCOPY OF VULVA			D = sometimes family planning
56820	COLPOSCOPY OF VULVA	26		D = sometimes family planning
56820	COLPOSCOPY OF VULVA	FP		F = always family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
56821	COLPOSCOPY OF VULVA W/BIOPSY			D = sometimes family planning
56821	COLPOSCOPY OF VULVA W/BIOPSY	26		D = sometimes family planning
56821	COLPOSCOPY OF VULVA W/BIOPSY	FP		F = always family planning
57100	BIOPSY OF VAGINA			D = sometimes family planning
57100	BIOPSY OF VAGINA	AA		D = sometimes family planning
57100	BIOPSY OF UTERUS LINING	FP		F = always family planning
57160	INSERT PESSARY			D = sometimes family planning
57160	INSERT PESSARY	AA		D = sometimes family planning
57170	FITTING OF DIAPHRAGM	AA		F = always family planning
57170	FITTING OF DIAPHRAGM			F = always family planning
57420	COLPOSCOPY ENTIRE VAGINA W/CER			D = sometimes family planning
57420	COLPOSCOPY ENTIRE VAGINA W/CER	26		D = sometimes family planning
57420	COLPOSCOPY ENTIRE VAGINA W/CER	AA		D = sometimes family planning
57420	COLPOSCOPY ENTIRE VAGINA W/CER	FP		F = always family planning
57421	COLPOS ENTIRE VAG W/CERV W/BIO			D = sometimes family planning
57421	COLPOS ENTIRE VAG W/CERV W/BIO	26		D = sometimes family planning
57421	COLPOS ENTIRE VAG W/CERV W/BIO	AA		D = sometimes family planning
57421	COLPOS ENTIRE VAG W/CERV W/BIO	FP		F = always family planning
57452	EXAMINATION OF VAGINA			D = sometimes family planning
57452	EXAMINATION OF VAGINA	AA		D = sometimes family planning
57452	EXAMINATION OF VAGINA	SA		D = sometimes family planning
57452	EXAMINATION OF VAGINA	FP		F = always family planning
57454	VAGINA EXAMINATION & BIOPSY			D = sometimes family planning
57454	VAGINA EXAMINATION & BIOPSY	AA		D = sometimes family planning
57454	VAGINA EXAMINATION & BIOPSY	SA		D = sometimes family planning
57454	VAGINA EXAMINATION & BIOPSY	SB		D = sometimes family planning
57454	VAGINA EXAMINATION & BIOPSY	FP		F = always family planning
57455	COLPOSCOPY CERV W/BIOPSY CERV			D = sometimes family planning
57455	COLPOSCOPY CERV W/BIOPSY CERV	26		D = sometimes family planning
57455	COLPOSCOPY CERV W/BIOPSY CERV	AA		D = sometimes family planning
57456	COLPOSCOPY CERV W/ENDOCERV CUR			D = sometimes family planning
57456	COLPOSCOPY CERV W/ENDOCERV CUR	26		D = sometimes family planning
57460	COLPOSCOPY;W.LOOP ELECT.EXCISI			D = sometimes family planning
57460	COLPOSCOPY;W.LOOP ELECT.EXCISI	AA		D = sometimes family planning
57460	COLPOSCOPY;W/LOOP ELECT EXCIS	FP		F = always family planning
57500	BIOPSY OF CERVIX			D = sometimes family planning
57500	BIOPSY OF CERVIX	AA		D = sometimes family planning
57500	BIOPSY OF CERVIX	FP		F = always family planning
57505	ENDOCERVICAL CURETTAGE	SA		D = sometimes family planning
57505	ENDOCERVICAL CURETTAGE			D = sometimes family planning
57505	ENDOCERVICAL CURETTAGE	AA		D = sometimes family planning
57511	CRYOCAUTERY OF CERVIX			D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
57511	CRYOCAUTERY OF CERVIX	AA		D = sometimes family planning
57511	CRYOCAUTERY OF CERVIX	FP		F = always family planning
58100	BIOPSY OF UTERUS LINING			D = sometimes family planning
58100	BIOPSY OF UTERUS LINING	AA		D = sometimes family planning
58100	BIOPSY OF UTERUS LINING	FP		F = always family planning
58100	BIOPSY OF UTERUS LINING	SA		D = sometimes family planning
58300	INSERT INTRAUTERINE DEVICE			F = always family planning
58300	INSERT INTRAUTERINE DEVICE	AA		F = always family planning
58300	IUD IN FPC	FP		F = always family planning
58300	IUD BY CNP/CNS IN FPC	FP	SA	F = always family planning
58300	IUD BY CNP/CNS IN FPC	SA		F = always family planning
58301	REMOVE INTRAUTERINE DEVICE	SA		F = always family planning
58301	REMOVE INTRAUTERINE DEVICE			F = always family planning
58301	REMOVE INTRAUTERINE DEVICE	AA		F = always family planning
58301	REMOVAL OF IUD BY CNP/CNS	AA	SA	F = always family planning
58301	REMOVE INTRAUTERINE DEVICE	FP		F = always family planning
58301	REMOVE IUD BY CNP/CNS IN FPC	FP	SA	F = always family planning
58600	DIVISION OF FALLOPIAN TUBE			S = always sterilization
58600	DIVISION OF FALLOPIAN TUBE	AA		S = always sterilization
58605	DIVISION OF FALLOPIAN TUBE			S = always sterilization
58605	DIVISION OF FALLOPIAN TUBE	AA		S = always sterilization
58611	LIGATION/TRANSECT FALLOPIAN TU			S = always sterilization
58611	LIGATION/TRANSECT FALLOPIAN	AA		S = always sterilization
58615	OCCLUSION OF FALLOPIAN TUBE, D			S = always sterilization
58615	OCCLUSION OF FALLOPIAN TUBE, D	AA		S = always sterilization
76856	ECHOGRAPHY, PELVIC, REAL TIME			D = sometimes family planning
76856	ECHOGRAPHY, PELVIC, REAL TIME	AA		D = sometimes family planning
76857	ECHOGRAPHY, PELVIC,LIMITED OR	SA		D = sometimes family planning
76857	ECHOGRAPHY, PELVIC,LIMITED OR			D = sometimes family planning
76857	ECHOGRAPHY, PELVIC,LIMITED OR	AA		D = sometimes family planning
76857	ECHOGRAPHY, PELVIC, LIMITED	FP		F = always family planning
76870	ECHOGRAPHY,SCROTUM AND CONTENT			D = sometimes family planning
76870	ECHOGRAPHY,SCROTUM AND CONTENT	AA		D = sometimes family planning
80048	BASIC METABOLIC PANEL			D = sometimes family planning
80053	COMPREHENSIVE METABOLIC PANEL			D = sometimes family planning
80306	DRUG TEST PRSMV INSTRMNT			D = sometimes family planning
81000	URINALYSIS WITH MICROSCOPY			D = sometimes family planning
81000	URINALYSIS WITH MICROSCOPY	FP		F = always family planning
81001	URINALYSIS,AUTOMATED W.MICROS.			D = sometimes family planning
81002	ROUTINE URINE ANALYSIS			D = sometimes family planning
81002	ROUTINE URINE ANALYSIS	FP		F = always family planning
81003	URINALYSIS WITHOUT MICR.AUTOMA			D = sometimes family planning
81003	URINALYSIS WITHOUT MICR.AUTOMA	QW		D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
81015	MICROSCOPIC EXAM OF URINE			D = sometimes family planning
81025	URINE PREG.TEST;VISUAL COLOR			D = sometimes family planning
81025	URINE PREG.TEST;VISUAL COLOR	FP		F = always family planning
82160	ANDROSTERONE; RIA			D = sometimes family planning
82465	ASSAY SERUM CHOLESTEROL	QW		D = sometimes family planning
82565	ASSAY BLOOD CREATININE			D = sometimes family planning
82565	ASSAY BLOOD CREATININE	QW		D = sometimes family planning
82947	ASSAY BODY FLUID, GLUCOSE	52		D = sometimes family planning
82947	ASSAY BODY FLUID, GLUCOSE	QW		D = sometimes family planning
82947	ASSAY BODY FLUID, GLUCOSE			D = sometimes family planning
82947	ASSAY BODY FLUID, GLUCOSE	FP		F = always family planning
82948	STICK ASSAY OF BLOOD GLUCOSE			D = sometimes family planning
82948	STICK ASSAY OF BLOOD GLUCOSE	QW		D = sometimes family planning
82948	STICK ASSAY OF BLOOD GLUCOSE	FP		F = always family planning
83516	IMMUNOASSAY FOR ANALYTE QUAL			D = sometimes family planning
83518	IMM.ANALYTE ANTIBODY QUAL.SEMI			D = sometimes family planning
83518	IMM.ANALYTE ANTIBODY QUAL.SEMI	QW		D = sometimes family planning
84702	GONADOTROPIN,CHORIONIC;QUANTIT			D = sometimes family planning
84703	GONADOTROPIN,CHORIONIC;QUALITA			D = sometimes family planning
84703	GONADOTROPIN,CHORIONIC;QUALITA	QW		D = sometimes family planning
84704	GONADOTROPIN, CHORIONIC (HCG);			D = sometimes family planning
85013	BLOOD COUNT;SPUN MICROHEMATOCR			D = sometimes family planning
85013	BLOOD COUNT;SPUN MICROHEMATOCR	FP		F = always family planning
85014	HEMATOCRIT			D = sometimes family planning
85014	HEMATOCRIT	QW		D = sometimes family planning
85018	HEMOGLOBIN, COLORIMETRIC			D = sometimes family planning
85018	HEMOGLOBIN, COLORIMETRIC	QW		D = sometimes family planning
85018	HEMOGLOBIN, COLORIMETRIC	FP	QW	F = always family planning
86255	FLUORESCENT ANTIBODY; SCREEN			D = sometimes family planning
86255	FLUORESCENT ANTIBODY; SCREEN	26		D = sometimes family planning
86256	FLUORESCENT ANTIBODY; TITER			D = sometimes family planning
86256	FLUORESCENT ANTIBODY; TITER	26		D = sometimes family planning
86359	T CELLS;TOTAL COUNT			D = sometimes family planning
86360	T CELLS;T4&T8, INCLUDING RATIO			D = sometimes family planning
86592	SYPHILIS TEST(S),QUALITATIVE			D = sometimes family planning
86592	SYPHILIS TEST(S),QUALITATIVE	FP		F = always family planning
86593	SYPHILIS TEST, QUANTITATIVE			D = sometimes family planning
86631	ANTIBODY;CHLAMYDIA			D = sometimes family planning
86632	ANTIBODY;CHLAMYDIA, 1GM			D = sometimes family planning
86674	ANTIBODY;GIARDIA LAMBLIA			D = sometimes family planning
86687	HTLV I ANTI DECT IMMUNOASSAY			D = sometimes family planning
86688	ANTIBODY;HTLV-II			D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
86689	HTLV/HIV CONFIRMJ ANTIBODY			D = sometimes family planning
86694	HERPES SIMPLEX NES ANTBDY			D = sometimes family planning
86695	ANTIBODY;HERPES SIMPLEX,TYPEI			D = sometimes family planning
86695	ANTIBODY;HERPES SIMPLEX,TYPEI	FP		F = always family planning
86696	HERPES SIMPLEX TYPE 2 TEST			D = sometimes family planning
86696	HERPES SIMPLEX TYPE 2	FP		F = always family planning
86701	ANTIBODY:HIV 1	FP		F = always family planning
86701	HIV-1ANTIBODY			D = sometimes family planning
86701	ANTIBODY:HIV 1	QW		D = sometimes family planning
86702	HIV-2 ANTIBODY			D = sometimes family planning
86703	ANTIBODY;HIV-1&2,SINGLE ASSAY			D = sometimes family planning
86703	ANTIBODY;HIV-1&2,SINGLE ASSAY	FP		F = always family planning
86703	ANTIBODY;HIV-1&2,SINGLE ASSAY	FP	QW	F = always family planning
86703	ANTIBODY;HIV-1&2,SINGLE ASSAY	QW		D = sometimes family planning
86705	HEPATITIS_BCORE_ANTI_IGM_ANTI			D = sometimes family planning
86706	HEPATITIS_B_SURFACE_ANTIBODY			D = sometimes family planning
86762	ANTIBODY;RUBELLA			D = sometimes family planning
86762	ANTIBODY;RUBELLA	FP		F = always family planning
87070	CULTURE OTHR SPECIMN AEROBIC			D = sometimes family planning
87075	CULTURE SPECIMEN, BACTERIA			D = sometimes family planning
87076	BACTERIA IDENTIFICATION			D = sometimes family planning
87086	URINE CULTURE, COLONY COUNT			D = sometimes family planning
87086	URINE CULTURE, COLONY COUNT	FP		F = always family planning
87110	CULTURE,CHLAMYDIA			D = sometimes family planning
87164	DARK FIELD EXAMINATION			D = sometimes family planning
87164	DARK FIELD EXAMINATION	26		D = sometimes family planning
87184	ANTIBIOTIC SENSITIVITY, EACH			D = sometimes family planning
87184	ANTIBIOTIC SENSITIVITY, EACH	FP		F = always family planning
87205	SMEAR, STAIN & INTERPRET, ROU	SA		D = sometimes family planning
87205	SMEAR, STAIN & INTERPRET, ROU			D = sometimes family planning
87207	SMEAR, STAIN & INTERPRET, SPEC			D = sometimes family planning
87210	SMEAR, STAIN & INTERPRET, WET	QW		D = sometimes family planning
87210	SMEAR, STAIN & INTERPRET, WET			D = sometimes family planning
87255	VIRUS ISOLATION;ID-NON IMMUNO			D = sometimes family planning
87270	CHAMYDIA TRACHOMATIS			D = sometimes family planning
87270	CHAMYDIA TRACHOMATIS	FP		F = always family planning
87274	HERPES SIMPLEX VIRUS			D = sometimes family planning
87274	HERPES SIMPLEX VIRUS	FP		F = always family planning
87320	CHYLM D TRACH AG IA			D = sometimes family planning
87320	INFECTIOUS AGENT CHLAMYDIA TRA	FP		F = always family planning
87490	INFECT-AG-NUCLEIC-CHAMYDIA TRA			D = sometimes family planning
87490	INFECT-AG-NUCLEIC-CHAMYDIA TRA	FP		F = always family planning
87491	INFECT AG DECT DNA CHLAMYDIA			D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
87491	INFECT AG DECT DNA CHLAMYDIA	FP		F = always family planning
87590	NEISSERIA GONORRHOEAE D-PROBE			D = sometimes family planning
87590	NEISSERIA GONORRHOEAE D-PROBE	FP		F = always family planning
87591	NEISSERIA GONORRHOEAE AMPL			D = sometimes family planning
87591	NEISSERIA GONORRHOEAE AMPL	FP		F = always family planning
87624	HPV HIGH-RISK TYPES			D = sometimes family planning
87625	HPV TYPES 16 & 18 ONLY			D = sometimes family planning
87801	DETECT AGNT MULT,DNA,AMPLI			D = sometimes family planning
88141	CYTOPATH CER-VAG ANY REP			D = sometimes family planning
88141	CYTOPATH CER-VAG ANY REP	FP		F = always family planning
88142	CYTOPATH -AUTOMATED THIN PREP			D = sometimes family planning
88142	CYTOPATH -AUTOMATED THIN PREP	FP		F = always family planning
88143	CYTOPATH C/VAG T/LAYER MAN RE			D = sometimes family planning
88143	CYTOPATH C/VAG T/LAYER MAN RE	FP		F = always family planning
88147	CYTO/PATH C/VAG AUTOMATED P/S			D = sometimes family planning
88147	CYTO/PATH C/VAG AUTOMATED P/S	FP		D = sometimes family planning
88148	CYTO/PATH C/VAG AUTO RESC			D = sometimes family planning
88148	CYTO/PATH C/VAG AUTO RESC	FP		F = always family planning
88150	CYTOPATHOLOGY, PAP SMEAR			D = sometimes family planning
88150	CYTOPATHOLOGY, PAP SMEAR	FP		F = always family planning
88152	CYTOPATH, W/MANUEL CYTO SCREEN			D = sometimes family planning
88152	CYTOPATH, W/MANUEL CYTO SCREEN	FP		F = always family planning
88153	CYTO/PATH C/VAG REDO			D = sometimes family planning
88153	CYTO/PATH C/VAG REDO	FP		F = always family planning
88155	CYTOPATH,(PAP);W/ DEF.HORMONAL			D = sometimes family planning
88164	CYTOPATH SLIDES C/VAG MANUAL			D = sometimes family planning
88164	CYTOPATH SLIDES C/VAG MANUAL	FP		F = always family planning
88165	CYTOPATH TBS C/VAG REDO			D = sometimes family planning
88165	CYTOPATH TBS C/VAG REDO	FP		F = always family planning
88166	CYTOPATH TBS SYS C/VAG AUTO			D = sometimes family planning
88166	CYTOPATH TBS SYS C/VAG AUTO	FP		F = always family planning
88167	CYTOPATH TBS/SYS C/VAG SELECT			D = sometimes family planning
88167	CYTOPATH TBS/SYS C/VAG SELECT	FP		F = always family planning
88175	CYTO W/SCR BYAUTO, THIN LAY PH			D = sometimes family planning
88175	CYTO W/SCR BY AUTO, THIN LAYER	FP		F = always family planning
88300	SURGICAL PATHOLOGY, GROSS			D = sometimes family planning
88300	SURGICAL PATHOLOGY, GROSS	26		D = sometimes family planning
88300	SURGICAL PATHOLOGY, GROSS	TC		D = sometimes family planning
88304	SURGICAL PATHOLOGY, COMPLETE			D = sometimes family planning
88304	SURGICAL PATHOLOGY, COMPLETE	26		D = sometimes family planning
88304	SURGICAL PATHOLOGY, COMPLETE	TC		D = sometimes family planning
88305	SURGICAL PATHOLOGY, COMPLETE			D = sometimes family planning
88305	SURGICAL PATHOLOGY, COMPLETE	26		D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
88305	SURGICAL PATHOLOGY, COMPLETE	TC		D = sometimes family planning
88305	COLPOSCOPY PATHOLOGY	FP		F = always family planning
89310	SEMEN ANALYSIS			D = sometimes family planning
89320	COMPLETE SEMEN ANALYSIS			D = sometimes family planning
89325	SPERM ANTODIES			D = sometimes family planning
90471	IMMUNIZ ADMIN SING/COMB VACC			D = sometimes family planning
90471	IMMUNIZ ADMIN SING/COMB VACC	FP		F = always family planning
96372	THERAPEUTIC PROPHYLACTIC OR	SA		D = sometimes family planning
96372	THERAPEUTIC PROPHYLACTIC OR	SB		D = sometimes family planning
96372	THERAPEUTIC PROPHYLACTIC OR			D = sometimes family planning
99201	E/M OFFICE/OP NEW PATIENT	SB	52	D = sometimes family planning
99201	E/M OFFICE/OP NEW PATIENT			D = sometimes family planning
99201	E/M INITIAL FP VS IN FP CLINIC	FP		F = always family planning
99201	E/M INITIAL FP VS IN FP CLINIC	FP	52	F = always family planning
99201	TEEN-DIRECTED FP SVCS INIT/YR	FP	22	F = always family planning
99201	E/M OFFICE/OP NEW PATIENT	SA		D = sometimes family planning
99201	E/M OFFICE/OP NEW PATIENT	UC		D = sometimes family planning
99202	E/M OFFICE/OP NEW PATIENT	SB	52	D = sometimes family planning
99202	E/M OFFICE/OP NEW PATIENT			D = sometimes family planning
99202	E/M FP VISIT,NEW PATIENT FP CL	FP		F = always family planning
99202	E/M FP VISIT,NEW PATIENT FP CL	FP	52	F = always family planning
99202	E/M OFFICE/OP NEW PATIENT	SA		D = sometimes family planning
99202	E/M OFFICE/OP NEW PATIENT	UC		D = sometimes family planning
99203	E/M OFFICE/OP NEW PATIENT			D = sometimes family planning
99203	E/M INITIAL FP VS IN FP CLINIC	FP		F = always family planning
99203	E/M INITIAL FP VS IN FP CLINIC	FP	52	F = always family planning
99203	E/M OFFICE/OP NEW PATIENT	SA		D = sometimes family planning
99203	E/M OFFICE/OP NEW PATIENT	UC		D = sometimes family planning
99204	E/M OFFICE/OP NEW PATIENT	SB	52	D = sometimes family planning
99204	E/M OFFICE/OP NEW PATIENT			D = sometimes family planning
99204	E/M OFFICE/OP NEW VISIT FP CL	FP		F = always family planning
99204	E/M INITIAL FP VISIT FP CL	FP	52	F = always family planning
99204	E/M OFFICE/OP NEW PATIENT	SA		D = sometimes family planning
99204	E/M OFFICE/OP NEW PATIENT	UC		D = sometimes family planning
99205	E/M OFFICE/OP NEW PATIENT	FP	52	F = always family planning
99205	E/M OFFICE/OP NEW PATIENT	FP	SB	F = always family planning
99205	E/M OFFICE/OP NEW PATIENT	SB	52	D = sometimes family planning
99205	E/M OFFICE/OP NEW PATIENT			D = sometimes family planning
99205	E/M OFFICE/OP NEW IN FP CL	FP		F = always family planning
99205	E/M OFFICE/OP NEW PATIENT	UC		D = sometimes family planning
99211	E/M EST PT MINIMAL PROBLEM(S)	SB	52	D = sometimes family planning
99211	E/M EST PT MINIMAL PROBLEM(S)			D = sometimes family planning
99211	E/M F/U VISIT--FP CLINIC	FP		F = always family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
99211	E/M F/U VISIT--FP CLINIC	FP	52	F = always family planning
99211	E/M EST PT MINIMAL PROBLEM(S)	SA		D = sometimes family planning
99211	E/M EST PT MINIMAL PROBLEM(S)	UC		D = sometimes family planning
99212	E/M OFFICE/OP - ESTABLISHED PT	SA	UC	D = sometimes family planning
99212	E/M OFFICE/OP - ESTABLISHED PT	SB	52	D = sometimes family planning
99212	E/M OFFICE/OP - ESTABLISHED PT			D = sometimes family planning
99212	E/M - FP VISIT IN FP CLINIC	FP		F = always family planning
99212	E/M - FP VISIT IN FP CLINIC	FP	52	F = always family planning
99212	E/M OFFICE/OP - ESTABLISHED PT	SA		D = sometimes family planning
99212	E/M OFFICE/OP - ESTABLISHED PT	UC		D = sometimes family planning
99213	E/M OFFICE/OP ESTAB PATIENT	SA	UC	D = sometimes family planning
99213	E/M OFFICE/OP ESTAB PATIENT	SB		D = sometimes family planning
99213	E/M OFFICE/OP ESTAB PATIENT	SB	52	D = sometimes family planning
99213	E/M OFFICE/OP ESTAB PATIENT			D = sometimes family planning
99213	E/M F/U VISIT FP CLINIC	FP		F = always family planning
99213	E/M F/U VISIT FP CLINIC	FP	52	F = always family planning
99213	E/M OFFICE/OP ESTAB PATIENT	SA		D = sometimes family planning
99213	E/M OFFICE/OP ESTAB PATIENT	UC		D = sometimes family planning
99214	E/M OFFICE/OP ESTABLISHED PT	SA	UC	D = sometimes family planning
99214	E/M OFFICE/OP ESTABLISHED PT	SB	52	D = sometimes family planning
99214	E/M OFFICE/OP ESTABLISHED PT			D = sometimes family planning
99214	E/M FOLLOW UP VISIT-FP CLINIC	FP		F = always family planning
99214	E/M FOLLOW UP VISIT-FP CLINIC	FP	52	F = always family planning
99214	E/M OFFICE/OP ESTABLISHED PT	SA		D = sometimes family planning
99214	E/M OFFICE/OP ESTABLISHED PT	UC		D = sometimes family planning
99215	E/M OFFICE/OP ESTAB PT VISIT	SA		D = sometimes family planning
99215	E/M OFFICE/OP ESTAB PT VISIT	SA	UC	D = sometimes family planning
99215	E/M OFFICE/OP ESTAB PT VISIT	SB	52	D = sometimes family planning
99215	E/M OFFICE/OP ESTAB PT VISIT			D = sometimes family planning
99215	E/M FP VISIT-ESTAB PT IN FP CL	FP		F = always family planning
99215	E/M FU VISIT IN FP CL	FP	52	F = always family planning
99215	E/M OFFICE/OP ESTAB PT VISIT	UC		D = sometimes family planning
99221	E/M INITIAL HOSPITAL CARE			D = sometimes family planning
99221	E/M INITIAL HOSPITAL CARE	SA		D = sometimes family planning
99222	E/M INITIAL HOSPITAL CARE			D = sometimes family planning
99223	E/M INITIAL HOSPITAL CARE			D = sometimes family planning
99231	E/M INITIAL HOSPITAL CARE			D = sometimes family planning
99231	E/M INITIAL HOSPITAL CARE	SA		D = sometimes family planning
99232	E/M INITIAL HOSPITAL CARE			D = sometimes family planning
99232	E/M INITIAL HOSPITAL CARE	SA		D = sometimes family planning
99233	E/M INITIAL HOSPITAL CARE			D = sometimes family planning
99238	HOSPITAL DISCHARGE DAY MANAGEM			D = sometimes family planning
99241	E/M OFFICE/OP CONSULT NEW/EST			D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
99242	E/M OFFICE/OP CONSULT NEW/EST	SA		D = sometimes family planning
99242	E/M OFFICE/OP CONSULT NEW/EST			D = sometimes family planning
99243	E/M OFFICE/OP CONSULT NEW/EST	SA		D = sometimes family planning
99243	E/M OFFICE/OP CONSULT NEW/EST			D = sometimes family planning
99244	E/M OFFICE/OP CONSULT NEW/EST			D = sometimes family planning
99245	E/M OFFICE/OP CONSULT NEW/EST			D = sometimes family planning
99251	E/M/INITIAL INPATIENT CONSULT			D = sometimes family planning
99252	E/M INITIAL IP/NF CONSULT NEW/			D = sometimes family planning
99253	E/M INITIAL IP/NF CONSULT NEW/			D = sometimes family planning
99254	E/M INITIAL IP/NF CONSULT NEW/			D = sometimes family planning
99255	E/M INITIAL IP/NF CONSULT NEW/			D = sometimes family planning
99384	E/M INITIAL PREV MED AGE 12-17			D = sometimes family planning
99385	EPSDT VISIT NEW PATIENT	EP		D = sometimes family planning
99385	E/M INITIAL PREV MED AGE 18-39	SA		D = sometimes family planning
99385	EPSDT VISIT NEW PT 18-20 YEARS	SA	52	D = sometimes family planning
99386	E/M INITIAL PREV.MED.AGES40-64			D = sometimes family planning
99386	E/M INITIAL PREV.MED.AGES40-64	SA		D = sometimes family planning
99387	E/M INITIAL PREV.MED.AGES 65 +			D = sometimes family planning
99387	E/M INITIAL PREV.MED.AGES 65 +	SA		D = sometimes family planning
99393	TEEN-DIRECTED FP SERVICE-F/U AGE 5-11	FP	52	F = always family planning
99394	EPSDT VISIT ESTAB PATIENT	EP		D = sometimes family planning
99394	E/M EST.PT.PREV.MED AGES12-17	SA		D = sometimes family planning
99394	E/M EST.PT.PREV.MED AGES12-17	SA	52	D = sometimes family planning
99394	E/M EST.PT.PREV.MED AGES12-17			D = sometimes family planning
99394	TEEN-DIRECTED FP SERVICE-F/U AGES 12-17	FP	52	F = always family planning
99395	E/M EST.PT. PREV.MED. AGE18-39	EP		D = sometimes family planning
99395	E/M EST.PT. PREV.MED. AGE18-39	SA	52	D = sometimes family planning
99395	E/M EST.PT. PREV.MED. AGE18-39	SB	52	D = sometimes family planning
99395	EPSDT VISIT ESTAB PATIENT			D = sometimes family planning
99395	E/M PERIODIC EVALUATION EST PT	FP		F = always family planning
99395	E/M PERIODIC EVALUATION EST PT	FP	22	F = always family planning
99395	E/M PERIODIC EVAL EST PT	FP	SB	F = always family planning
99395	E/M EST PT PREV MED AGE 18-39	SA		D = sometimes family planning
99395	TEEN-DIRECTED FP SERVICE-F/U AGES 18-39	FP	52	F = always family planning
99396	E/M EST.PT. PREV.MED. AGE40-64	SA		D = sometimes family planning
99396	E/M EST.PT. PREV.MED. AGE40-64			D = sometimes family planning
99397	E/M EST.PT. PREV.MED. AGE65 +			D = sometimes family planning
99397	E/M EST.PT. PREV.MED. AGES65 +	SA		D = sometimes family planning
J0696	CEFTRIAXONE INJECTION 250 MG			D = sometimes family planning
J1050	MEDROXYPROGESTERONE INJ 1 MG			D = sometimes family planning
J1885	KETOROLAC TROMETHAMINE INJ			D = sometimes family planning
J2210	METHYLERGONOVIN MALEATE INJ			D = sometimes family planning
J2405	ONDANSETRON_HCL_INJ_PER_1_MG_			D = sometimes family planning

PLAN FIRST SERVICES AND COVERAGE INDICATOR VALUES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2	COVERAGE INDICATOR VALUES
J3490	DRUGS UNCLASSIFIED INJECTION			D = sometimes family planning
J3490	DRUGS UNCLASSIFIED INJECTION	FP		F = always family planning
J7296	KYLEENA, 19.5 MG			F = always family planning
J7297	LEVONORGESTREL IU 52MG 3 YR			F = always family planning
J7298	LEVONORGESTREL_IU_52MG_5_YR			F = always family planning
J7300	INTRAUT_COPPER_CONTRACEPTIVE			F = always family planning
J7301	LEVONORGESTREL-RELEASING_INTRAUTER			F = always family planning
J7303	CONTRACEPTIVE_VAGINAL_RING			F = always family planning
J7303	CONTRACEPTIVE_VAGINAL_RING_	FP		F = always family planning
J7304	CONTRACEPTIVE_HORMONE_PATCH			F = always family planning
J7304	CONTRACEPTIVE_HORMONE_PATCH	FP		F = always family planning
J7307	ETONOGESTREL_IMPLANT_SYSTEM			F = always family planning
J8499	EMERGENCY ORAL CONTRACEPTIVE	FP	52	F = always family planning
P3000	SCREENING PAP SMEAR,UP TO 3			D = sometimes family planning
P3001	SCREENING PAP SMEAR,UP TO 3,RE			D = sometimes family planning
Q0111	WET MOUNT,PREP OF VAG.CERV.SK			D = sometimes family planning
Q0111	WET MOUNT,PREP OF VAG.CERV.SK	FP		F = always family planning
Y7633	TEEN-DIRECTED FP SVCS INIT/YR	FP		F = always family planning
Y7634	TEEN-DIRECTED FP SERVICE-F/U	FP		F = always family planning
Z4334	EMERGENCY ORAL CONTRACEPTIVE			F = always family planning

PLAN FIRST RELATED SERVICES

BASE CODE	PROC_LAYMAN_DESC	MOD1	MOD2
77061	BREAST TOMOSYNTHESIS UNI	AA	
77062	BREAST TOMOSYNTHESIS BILATERAL	AA	
77063	BREAST TOMOSYNTHESIS BI		
77063	BREAST TOMOSYNTHESIS BILATERAL	AA	
77065	DX MAMMO INCL CAD UNI		
77066	DX MAMMO INCL CAD BI		
77067	SCR MAMMO BI INCL CAD		
90649	4VHPV VACCINE 3 DOSE IM		
90650	2VHPV VACCINE 3 DOSE IM		
90651	VACCINE FOR HUMAN PAPILLOMA		

Plan First Program Frequently Asked Questions

New Jersey's Family Planning Program

1. What is the Plan First Program?

Plan First is a family planning program developed to meet the needs of New Jersey women and men. The Plan First Program has a benefits package that includes most birth control methods and some reproductive health care services designed to reduce unintended pregnancies. Family planning services do not provide minimum essential health care coverage such as physicals.

2. Does the Plan First Program provide comprehensive health insurance coverage?

No. Enrollment in Plan First will not provide health insurance coverage. New Jersey residents are required to maintain essential health coverage through an individual health insurance mandate. Health insurance mandate information is available at: <https://nj.gov/treasury/njhealthinsurancemandate/index.shtml>

3. Who is eligible for the Plan First Program?

- Women and Men
- Not currently pregnant or sterile
- US Citizens or Qualified Immigrants
- New Jersey Residents
- Individuals whose income is greater than the NJ FamilyCare Medicaid limit of 139% but below 205% of the federal poverty level. Please see the chart below for the 2019 maximum gross annual and monthly incomes for each household (HH) size.

HH	Plan First 205% FPL	
	Annual	Monthly
1	\$25,605	\$2,134
2	\$34,666	\$2,889
3	\$43,727	\$3,644
4	\$52,788	\$4,399
+1	\$ 9,061	\$ 756

4. What services are covered under the Plan First Program?

Services include, but are not limited to, the following:

- Most birth control methods including condoms, pills, the shot, and IUDs. A prescription is required for all methods.
- Family planning counseling
- Pregnancy tests
- Tubal ligations and Vasectomies
- Family planning lab tests

5. How can I apply for the Plan First Program?

The NJ FamilyCare online application is available at www.njfamilycare.org or by phone at 1-800-701-0710 (TTY 1-800-701-0720).

6. What information will I need to provide when applying for the Plan First Program?

You may need to provide:

- Identification and citizenship information, including social security numbers and immigration documentation
- Employer and income information for everyone in your household, such as paystubs, W-2 forms, wage earnings and/or tax statements
- Policy/identification numbers for current health insurance policies
- Information about any job-related health care insurance that may be available to you and members of your family

7. How do I report a change in my circumstances?

All changes in circumstances must be reported within 10 days of the change. Changes may include pregnancy, a change in income or a new address. To report a change, please call the Eligibility Determining Agency (EDA) listed on the confirmation page of your application. Contact information for NJ FamilyCare is 1-800-701-0710 (TTY 1-800-701-0720) and a listing of local County Welfare Agencies is attached or can be found at:

<https://www.state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html>

8. Will I have to renew my eligibility for Plan First every year?

Yes. You will receive a renewal packet at least every 12 months from the Eligibility Determining Agency. This packet must be updated and returned within 30 days or your coverage will be terminated.

9. What doctors or providers participate in the Plan First Program?

Any family planning fee-for-service provider participating in NJ FamilyCare can be seen for the Plan First Program. See Medical Assistance Customer Centers list on Page 19.

10. What if I have health care insurance?

Your health insurance plan will be billed first for all services. Plan First is the last payor and will be billed if there is a remaining balance due; or when a benefit is provided that is not covered by your health insurance plan. You may be responsible for co-pays or out-of-pocket expenses required by your health insurance plan.

11. Do I have to pay a co-pay when using Plan First benefits?

If the Plan First Program is your only benefit, you will not have a co-pay. However, if you have health care insurance, your plan may require a co-pay.

12. Will there be an out-of-pocket expense for me when using Plan First benefits?

If your only benefit is through the Plan First program, you will not have an out-of-pocket expense. However, if you have health insurance you may have an out-of-pocket expense through your plan.

13. Will I need a prescription for birth control and condoms?

Yes, prescriptions are required for all birth control. This includes condoms. Your prescriptions can be filled at a pharmacy participating in NJ FamilyCare.

14. Can I get birth control and condoms whether I am a female or male?

Yes, family planning products and services are available with a prescription to women and men enrolled in Plan First.

15. Can I get any brand of condoms?

Yes, with a prescription.

16. How many boxes of condoms or birth control pills can I get at one time?

You can discuss with your healthcare provider to determine the amount prescribed.

17. Is Plan B or the ‘morning after’ pill covered?

Yes, with a prescription.

18. If I’m not eligible, are there other coverage options?

If you are ineligible for the Plan First Program and/or NJ FamilyCare Medicaid-sponsored programs, you may apply for health insurance coverage through the Federal Marketplace at <https://www.healthcare.gov/> or contact a private health insurance company.

19. I didn’t apply for the Plan First Program, how did I get enrolled?

The NJ FamilyCare application includes a family planning question (see the question in the box below). ‘Yes’ was checked on your household’s application and all eligible members in the household were enrolled in the Plan First Program.

<p>If any person on this application is not eligible for NJ FamilyCare would you like them to be evaluated for family planning services (Plan First Program)?</p> <p>Yes <input type="checkbox"/> <i>Check here for all applicants on this application to be evaluated for family planning services.</i></p> <p><i>Plan First is a program for women and men that provides only family planning and related services (such as birth control and some forms of reproductive health care). Family planning services <u>do not provide</u> minimum essential health care coverage (such as routine care).</i></p>

20. What if I am enrolled in the Plan First Program and want to disenroll?

If you would like to disenroll from the Plan First Program, please call NJ FamilyCare at 1-800-701-0710 or (TTY: 1-800-701-0720) to voluntarily withdraw from the program.

21. What is the contact information to NJ FamilyCare?

Website: www.njfamilycare.org
Phone: 1-800-701-0710 (TTY: 1-800-701-0720)

Plan First Program Frequently Asked Questions (Provider)

New Jersey's Family Planning Program

1. When will the Newsletter be available to providers?

The Division anticipates the Newsletter will post to the NJMMIS website prior to October 1, 2019.

2. What happens if you are not a participant with Medicare or the patients other 3rd party insurance. How do you file the claim?

If not a Medicare Part B-participating provider or a provider that does not participate in a 3rd party provider network, the Plan First service will not be covered by Medicaid.

3. Did I see correctly that HIV/STI testing is available under the program but not treatment?

Correct. Plan First is not a comprehensive healthcare plan.

4. Will there be special codes assigned under this program or will all standard codes apply?

Attached to this Newsletter is a listing of procedure codes covered by the Plan First Program.

5. Will you be required to use the FP when filing claims?

When the 'FP' modifier is part of the procedure code, it must be reported on the claim.

6. Will claims still require FP modifier?

When the 'FP' modifier is part of the procedure code, it must be reported on the claim.

7. Is this going to replace all existing claims going to DXC?

Attached to this Newsletter is a listing of procedure codes covered by the Plan First Program.

8. If an agency is not a Medicare provider how will they get a claim denial in order to process a Plan First claim? As a rule Medicare does not respond to non-participating providers?

If not a Medicare provider, services covered by both Medicare and the Plan First Program will not be eligible for payment consideration by the Medicaid program. However, if a recipient is eligible for coverage by a Medicare Advantage Plan (i.e. Medicare Part C Plan), these services may be considered for payment by the commercial Medicare HMO plan.

9. **Will this program coordinate with NJCEED for the mammographies-CEED upper limit is 250% FPL?**

<https://nj.gov/health/ces/public/resources/njceed.shtml>

Coordination with the NJCEED is not within the scope of the Plan First Program.

10. **Will all other claims (non-Plan First) submitted to DXC still need the FP modifier or is the FP modifier being eliminated?**

When the 'FP' modifier is part of the procedure code, regardless of the plan providing payment, it must be reported on the claim.

COUNTY WELFARE AGENCIES		COUNTY WELFARE AGENCIES continued	
Atlantic County Department of Family & Community Development 101 South Shore Road Northfield, NJ 08225	609-645-7700	Ocean County Board of Social Services 1027 Hooper Avenue, P.O. Box 547 Toms River, NJ 08754-0574	732-349-1500
Bergen County Board of Social Services 218 Route 17 North Rochelle Park, NJ 07662	201-368-4200	Passaic County Board of Social Services 80 Hamilton Street Paterson, NJ 07505-2057	973-881-0100
Burlington County Board of Social Services Human Services Facility 795 Woodlane Road Mount Holly, NJ 08060-3316	609-261-1000	Salem County Board of Social Services 147 South Virginia Avenue Penns Grove, NJ 08069-1797	856-299-7200
Camden County Board of Social Services Althea R. Wright Administration Building 600 Market Street Camden, NJ 08102-1255	856-225-8800	Somerset County Board of Social Services 73 East High Street, P.O. Box 936 Somerville, NJ 08876-0936	908-526-8800
Cape May County Board of Social Services Social Service Building 4005 Route 9 South Rio Grande, NJ 08242-1911	609-886-6200	Sussex County Division of Social Services 83 Spring Street, Ste 203, P.O. Box 218 Newton, NJ 07860-0218	973-383-3600
Cumberland County Board of Social Services 275 North Delsea Drive Vineland, NJ 08360-3607	856-691-4600	Union County Division of Social Services 342 Westminster Avenue Elizabeth, NJ 07208-3290	908-965-2700
Essex County Department of Citizen Services Division of Welfare 18 Rector Street – 5 th Floor Newark, NJ 07102	973-733-3000	Warren County Division of Temporary Assistance and Social Services 1 Shotwell Drive Belvidere, NJ 07823	908-475-6301
Gloucester County Division of Social Services 400 Hollydell Drive Sewell, NJ 08080-9318	856-582-9200	MEDICAL ASSISTANCE CUSTOMER CENTERS	
Hudson County Department of Family Services Division of Welfare 257 Cornelison Avenue Jersey City, NJ 07302	201-420-3000	Atlantic Burlington Camden Cape May Cumberland Gloucester Mercer Salem	One Port Center 2 Riverside Drive, Suite 300 Camden, NJ 08103-1018 Fax 856-614-2575
Hunterdon County Department of Human Services Division of Social Services 6 Gauntt Place, P.O. Box 2900 Flemington, NJ 08822-2900	908-788-1300	Essex Hudson	153 Halsey Street 4 th Floor Newark, NJ 07101-2807 Phone 973-648-3700 Fax 973-642-6468
Mercer County Board of Social Services 200 Woolverton Street, P.O. Box 1450 Trenton, NJ 08650-2099	609-989-4320	Hunterdon Middlesex Monmouth Ocean Somerset Union	100 Daniels Way 1 st Floor Freehold, NJ 07728-2668 Phone 732-863-4400 Fax 732-863-4450
Middlesex County Board of Social Services 181 Howe Lane, P.O. Box 509 New Brunswick, NJ 08903	732-745-3500	Bergen Morris Passaic Sussex Warren	100 Hamilton Plaza 5 th Floor Paterson, NJ 07505-2109 Phone 973-977-4077 Fax 973-684-8182
Monmouth County Division of Social Services 3000 Kozloski Road, P.O. Box 3000 Freehold, NJ 07728	732-431-6000		
Morris County Office of Temporary Assistance 340 W. Hanover, P.O. Box 900 Morristown, NJ 07963-0900	973-326-7800		