

**Volume 6 No. 19**

**May 1996**

**TO:** Family Planning Clinics and Federally Qualified Health Centers (FQHCs)

**SUBJECT:** Adolescent Family Planning Services

**EFFECTIVE:** For Services Provided On or After July 1, 1995

**PURPOSE:** To inform providers of additional information pertaining to Newsletter Volume 5, No. 49, dated August 1995

**BACKGROUND:** The Medicaid Newsletter Volume 5, No. 49, dated August 1995 contains detailed information pertaining to the implementation of adolescent family planning services and describes HCPCS procedure codes Y7633WF (Initial/Annual Visit) and Y7634WF (Follow-Up Visit), that must be used by Family Planning Clinics and Federally Qualified Health Centers (FQHCs) in order to receive reimbursement for these services.

The information in this Newsletter has not changed and providers are encouraged to reference this Newsletter (see attached). However, based on questions asked by providers, we are providing the following additional information.

**ACTION:** As a follow-up to Newsletter Volume 5, No. 49, dated August 1995, the information outlined below is available for your reference as well:

(1) If one or both of the above-mentioned procedure codes is provided to an individual enrolled with a Health Maintenance Organization (HMO), these procedure codes are considered family planning services and will continue to be paid on a fee-for-service basis outside of managed care requirements.

(2) Procedure codes Y7633WF and Y7634WF may be billed with or without a Family Planning Clinic visit. However, if a Family Planning Clinic visit is provided, then the Teen Directed Service, if provided, must be rendered within 7 (seven) days of the Family Planning Clinic visit.

(3) Procedure code Y7634WF (Teen Directed Follow-up Visit) cannot be provided within the 30-day period following the initial teen directed visit. If a medical service is required during this period, clinics are reminded to bill the appropriate medical service accordingly.

(4) The Department of Health (DOH) will develop a set of data-reporting requirements and be responsible for their implementation. The effective date for this implementation will be determined by DOH and providers will receive written notification from DOH in advance. Data provided to DOH by providers on a semi-annual basis will be shared with the Division of Medical Assistance and Health Services (DMAHS).

If you have any questions regarding this Newsletter, you may contact Deborah Bradley, Chief of Staff, at (609) 588-7282 or Celeste Andriot-Wood, New Jersey State Department of Health, at (609) 984-1384.

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(BLUE TAB MARKED "5")**