

TO: Physicians, Family Planning Clinics, Federally Qualified Health Centers, Certified Nurse Midwives, Certified Nurse Practitioners/Clinical Nurse Specialists, Health Maintenance Organizations (HMOs), Independent Clinical Laboratories, and Hospitals - Chief Executive Officer

ROUTE TO: Hospital Outpatient Department, and the Obstetrical and Gynecology Clinical Departments; and Billing, Finance and Accounting Offices

SUBJECT: Acquired Immune Deficiency Syndrome (AIDS)(HIV), Sexually Transmitted Diseases (STDs) and Family Planning Services

EFFECTIVE: Immediately

PURPOSE: To provide new billing instructions for services for the testing for HIV and STDs when provided in conjunction with a family planning service.

BACKGROUND: The Health Care Financing Administration (HCFA) recently advised that the New Jersey Medicaid program may consider AIDS, HIV, and STD blood testing, and pre- and post-test counseling **as a family planning service** when provided to women and men in conjunction with a Family Planning encounter.

ACTION: In order to identify a claim **as a family planning service**, the New Jersey Medicaid program requires that the **family planning indicator FIELD** be completed.

1. For providers that bill on the HCFA 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.

2. For providers that bill on the UB-92 claim form, the **CONDITION CODE A-4 in FORM LOCATOR 24-30** must be indicated.
3. If a provider refers a patient's laboratory specimen for one of the HCPCS listed in item 5 below to an independent clinical laboratory or an outpatient hospital department for testing, the referring provider should notify the independent clinical laboratory or hospital that this test is to be considered a family planning service so that the laboratory can indicate this on their claim form.
4. For Medicaid clients enrolled in an HMO under New Jersey Care 2000, the right of clients to choose a provider with respect to family planning services may not be restricted. Family planning services rendered by a Medicaid-participating provider who is not a part of the HMO network will be reimbursed by Medicaid on a fee-for-service basis. The provider must meet regular Medicaid program requirements for family planning services.
5. HCPCS procedure laboratory codes considered to be **family planning services** that may be utilized by providers when performed in conjunction with a family planning encounter (visit) are indicated below:

a. **AIDS/HIV BLOOD TESTING:**

86311
86359
86360
86687
86688
86689
86701
86702
86703

b. **STD PATHOLOGY/LABORATORY:**

83516	86695
83518	86729
86255	86781
86256	87075
86287	87076
86289	87110
86291	87164
86293	87205
86295	87207
86592	87210
86593	87211
86631	87220
86632	87250
86674	
86694	

6. When a laboratory specimen, designated by one of the HCPCS listed in item 5 above, is sent to an independent laboratory for testing, the provider, i.e., referring Family Planning Clinic or Physician, should bill for the venipuncture procedure code G0001 or 36415. When both the venipuncture and testing is performed on the same site, providers can only bill for the testing of the specimen .

For information or questions concerning this Newsletter, please contact Constance Thomas, Administrator, Bureau of Policy and Intergovernmental Relations, Division of Medical Assistance and Health Services, at (609) 588-2629.

For information or questions concerning this Newsletter as it applies to a beneficiary enrolled in managed care, excluding Garden State Health Plan (GSHP), please contact Margaret Soltis at (609) 588-2705.

For information or questions regarding this Newsletter as it applies to a beneficiary in Garden State Health Plan, please contact Beverly Blacher-Eide at (609) 588-3580.

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(BLUE TAB MARKED "5")**