



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

NEWSLETTER

Volume 6 No. 32

July 1996

TO: Family Planning Clinics, Independent Clinical Laboratories, Hospital Based Laboratories, Health Maintenance Organizations (HMOs), and Hospitals

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

SUBJECT: Federally Mandated Services (Title X) for Family Planning Services

EFFECTIVE: For services rendered on or after August 1, 1995

PURPOSE: To provide new instructions regarding Federally Mandated Services (Title X) for Family Planning Services

BACKGROUND: The Health Care Financing Administration (HCFA) has advised the New Jersey Medicaid program that the services mandated by the Title X guidelines can be considered family planning services when performed in a Title X grantee facility or when laboratory services are performed as a result of a referral by a Title X grantee.

ACTION: In order to identify a claim as a family planning service, the **family planning indicator** FIELD must 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 A4 IN FORM LOCATOR 24-30** must be indicated.

3. If a Title X grantee provider refers a patient's laboratory specimen for one of the HCPCS listed in item 4 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. HCPCS procedure codes considered to be family planning services under Title X that may be utilized by Title X grantees when performed in conjunction with a Family Planning encounter (visit) that have been implemented for dates of service on or after August 1, 1995 are indicated below. Title X grantees should implement use of these procedures:

36415WF	82456WF	88150WF
*57452WF	82947WF	88156WF
*57454WF	85013WF	G0001WF
*57511WF	86762WF	Q0111WF
81000WF	87086WF	Q0116WF
81025WF	87184WF	

* Limited to treatment of the benign cervical diseases. If used for other purposes, bill these procedure codes without the WF modifier.

5. When a laboratory specimen, designated by one of the HCPCS listed in item #4 above, is sent to an independent laboratory for testing, the provider, i.e., referring Family Planning Clinic should bill for the venipuncture procedure code G0001WF or 36415WF. When both the venipuncture and testing is performed on the same site, providers can only bill for the testing of the specimen.
6. 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.

For information or questions concerning this Newsletter as it relates to Medicaid fee-for-service beneficiaries, 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 Medicaid beneficiary enrolled in New Jersey Care 2000, please contact Margaret E. Soltis, Office of Managed Health Care at (609) 588-2705.

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

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