



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

# NEWSLETTER

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Volume 7 No. 75

January 1998

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**TO:** Family Planning Clinics and Independent Clinical Laboratories - For Action  
Health Maintenance Organizations - For Information

**SUBJECT:** Colposcopy Pathology Services, performed as part of Title X for Family Planning Service

**EFFECTIVE:** For services rendered on or after January 1, 1996

**PURPOSE:** To inform providers of an additional procedure which can be added to the information pertaining to Newsletter Volume 6 No. 49 dated September 1996

**BACKGROUND:** The Medicaid Newsletter Volume 6 No. 49, dated September 1996, contained detailed information pertaining to the New Jersey Medicaid policy regarding services mandated by the Title X guidelines that 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 the Title X grantee.

**ACTION:** As a follow-up to Newsletter Volume 6 No. 49, dated September 1996, HCPCS **88305WF** (Colposcopy Pathology), has been established to allow the pathology performed as part of a colposcopy to be considered a family planning service provided the colposcopy meets the description in the background of Newsletter Volume 6 No. 49.

In order to assure reimbursement, the provider must identify the claim as a family planning service by using the **88305WF** procedure code and by completing the family planning indicator FIELD as advised below.

If a Title X grantee provider refers the patient's laboratory specimen to an independent clinical laboratory for testing, the referring provider should notify the independent clinical laboratory that this test is to be considered a family planning service and the laboratory is to indicate this by using the **88305WF** procedure code and by completing the family planning indicator FIELD, **ITEM 24H** on the **HCFA 1500** with the correct value code of either:

"2" for Family Planning Services; or  
"3" for Family Planning Services when part of EPSDT

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.

Providers must resubmit all unpaid claims retroactive back to January 1996, with proof of timely filing to be reimbursed for this procedure code. **These claims are subject to all other edits.** Claims submitted after December 1997 which are more than 2 years old must be sent to Eileen Bloor, DMAHS, P.O. Box 712, Trenton, N.J. 08625-0712.

A Newsletter regarding hospital billing will be sent in the near future.

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 Medicaid's Managed Care Program, New Jersey Care 2000, please contact Margaret E. Soltis, Office of Managed Health Care at (609) 588-2705.