

**Affected Programs:** Family Planning Only Services

**To:** Family Planning Clinics, Federally Qualified Health Centers, Hospital Providers, Independent Labs, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## Procedure Code Changes for Family Planning Only Services

Effective for dates of service (DOS) on and after January 1, 2013, ForwardHealth will reimburse one additional Healthcare Common Procedure Coding System procedure code for Family Planning Only Services. Also effective for DOS on and after January 1, 2013, three procedure codes will be discontinued, and the description of several procedure codes will change.

### New Procedure Code

Effective for dates of service (DOS) on and after January 1, 2013, ForwardHealth will reimburse Healthcare Common Procedure Coding System (HCPCS) procedure code J1050 (Injection, medroxyprogesterone acetate, 1 mg) when used for contraceptive purposes. The covered dosage for contraceptive purposes is 150 mg. Since a unit of service is 1 mg, providers are required to indicate 150 units on a claim. Claims submitted with procedure code J1050 must include an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code in the V25 range to be reimbursable.

For current reimbursement rates, refer to the maximum allowable fee schedule on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

### Discontinued Procedure Codes

Effective for DOS on and after January 1, 2013, the Centers for Medicare and Medicaid Services has discontinued the following *Current Procedural Terminology* (CPT) and HCPCS

procedure codes; therefore, ForwardHealth will no longer reimburse these codes:

- 83907 (Molecular diagnostics; lysis of cells prior to nucleic acid extraction [eg, stool specimens, paraffin embedded tissue]).
- J1055 (Injection, medroxyprogesterone acetate for contraceptive use, 150 mg).
- J1056 (Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg).

### Procedure Code Description Changes

Effective for DOS on and after January 1, 2013, the description of several CPT procedure codes for Family Planning Only Services has changed. Refer to the Procedure Codes topic (topic #2624) in the Codes chapter of the Covered and Noncovered Services section of the Family Planning Only Services service area of the ForwardHealth Online Handbook for a complete list of reimbursable Family Planning Only Services procedure codes and their descriptions.

### Additional Information

Family planning services are not covered under the BadgerCare Plus Basic Plan or the BadgerCare Plus Core Plan. Members enrolled in the Basic Plan or Core Plan may also be enrolled in Family Planning Only Services, through which they may receive family planning services. Family planning services are covered for members enrolled in

Wisconsin Medicaid, the BadgerCare Plus Standard Plan, and the BadgerCare Plus Benchmark Plan.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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