

# NEW YORK STATE Department of Health

## MEDICAID FEE-FOR-SERVICE BILLING FOR FAMILY PLANNING WEBINAR

---

**JUNE 20, 2014**

To view recorded webinar, go to:

<https://www3.gotomeeting.com/register/241775910>



# Welcome and Webinar Instructions

- Technical concerns: use the **QUESTION** window
- Questions: use the **QUESTION** window
- Webinar will be recorded and archived

# Introductions

## Today's Panelists:

- Allyna B. Steinberg, MPH
- Joan Sicard
- Cristin Carter



# NYS-NYC Collaboration to Reduce Unintended Pregnancies

- Support providers to meet best practices in the provision of reproductive health services
- Remove barriers to providers stocking and offering the full range of FDA- approved contraceptive methods
- Facilitate the correct coding and billing of contraceptive services

# Webinar Objectives

- Review the importance of reproductive health services including dispensing a full range of contraceptive methods
- Clarify NYS Medicaid fee-for-service (FFS) coverage for family planning services
- Explain how Medicaid FFS can be billed for the provision of contraceptive methods

## 3.2 Million Unintended Pregnancies in the U.S. Each Year

- Average woman spends 5 years pregnant, postpartum or trying to get pregnant, and **3 decades trying to avoid an unintended pregnancy**
- By age 45, more than half of U.S. women have had at least one unintended pregnancy
- Many women in NYS do not have easy access to all contraceptive methods

Fact Sheet: Facts on Unintended Pregnancy in the United States. Guttmacher, October 2013

Frost JJ, Darroch JE and Remez L, Improving contraceptive use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, No. 1

Gold R. Wise Investment: Reducing the Steep Cost to Medicaid of Unintended Pregnancy in the United States. Guttmacher Policy Review 2011;14:1-5

# Publically Funded Contraception Reduces Unintended Pregnancy

Prevents approximately 2 million unintended pregnancies  
in U.S. each year

~860,000 births

~810,000 induced abortions

Saves approximately \$5 billion in U.S. tax dollars each year

Gold RB et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, New York: Guttmacher Institute, 2009

Frost JJ, Henshaw SK and Sonfield A. *Contraceptive Needs and Services, National and State Data, 2008 Update*, New York: Guttmacher Institute, 2010

Frost JJ, Darroch JE and Remez L, Improving contraceptive use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, No. 1

# Unintended pregnancy in NYS 2008

>380,000 pregnancies in NYS

- 252,000 of pregnancies were unintended

~66% of births from unintended pregnancies are publicly funded

NYS Department of Health. [http://www.health.ny.gov/statistics/vital\\_statistics/2008/table26.htm](http://www.health.ny.gov/statistics/vital_statistics/2008/table26.htm)

<https://www.guttmacher.org/statecenter/unintended-pregnancy/pdf/NY.pdf>

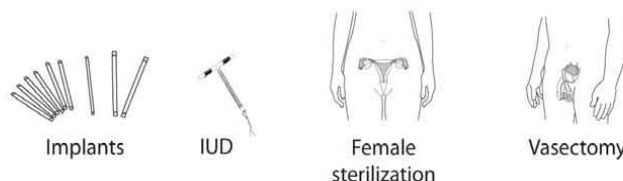
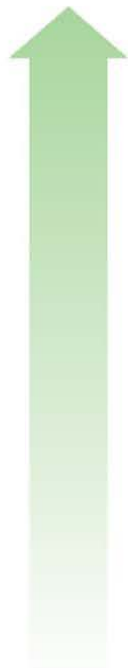
Sonfield A & Kost K. *Public costs from unintended pregnancies and the role of public insurance programs in paying for pregnancy and infant care: Estimates for 2008*, Guttmacher Institute, 2013, <http://www.guttmacher.org/pubs/public-costs-of-UP.pdf>.



# Comparing Effectiveness of Family Planning Methods

## More effective

Less than 1 pregnancy per 100 women in 1 year

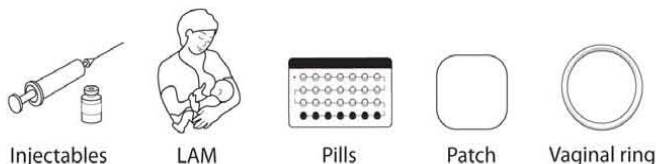


Implants

IUD

Female sterilization

Vasectomy



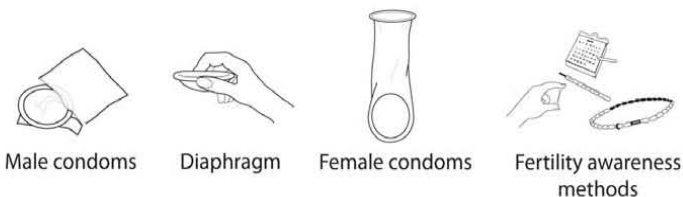
Injectables

LAM

Pills

Patch

Vaginal ring



Male condoms

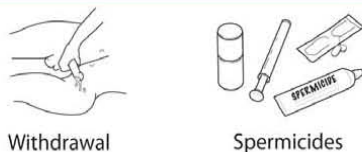
Diaphragm

Female condoms

Fertility awareness methods

## Less effective

About 30 pregnancies per 100 women in 1 year



Withdrawal

Spermicides

## How to make your method more effective

**Implants, IUD, female sterilization:** After procedure, little or nothing to do or remember

**Vasectomy:** Use another method for first 3 months

**Injectables:** Get repeat injections on time

**Lactational amenorrhea method, LAM (for 6 months):** Breastfeed often, day and night

**Pills:** Take a pill each day

**Patch, ring:** Keep in place, change on time

**Condoms, diaphragm:** Use correctly every time you have sex

**Fertility awareness methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

**Withdrawal, spermicides:** Use correctly every time you have sex



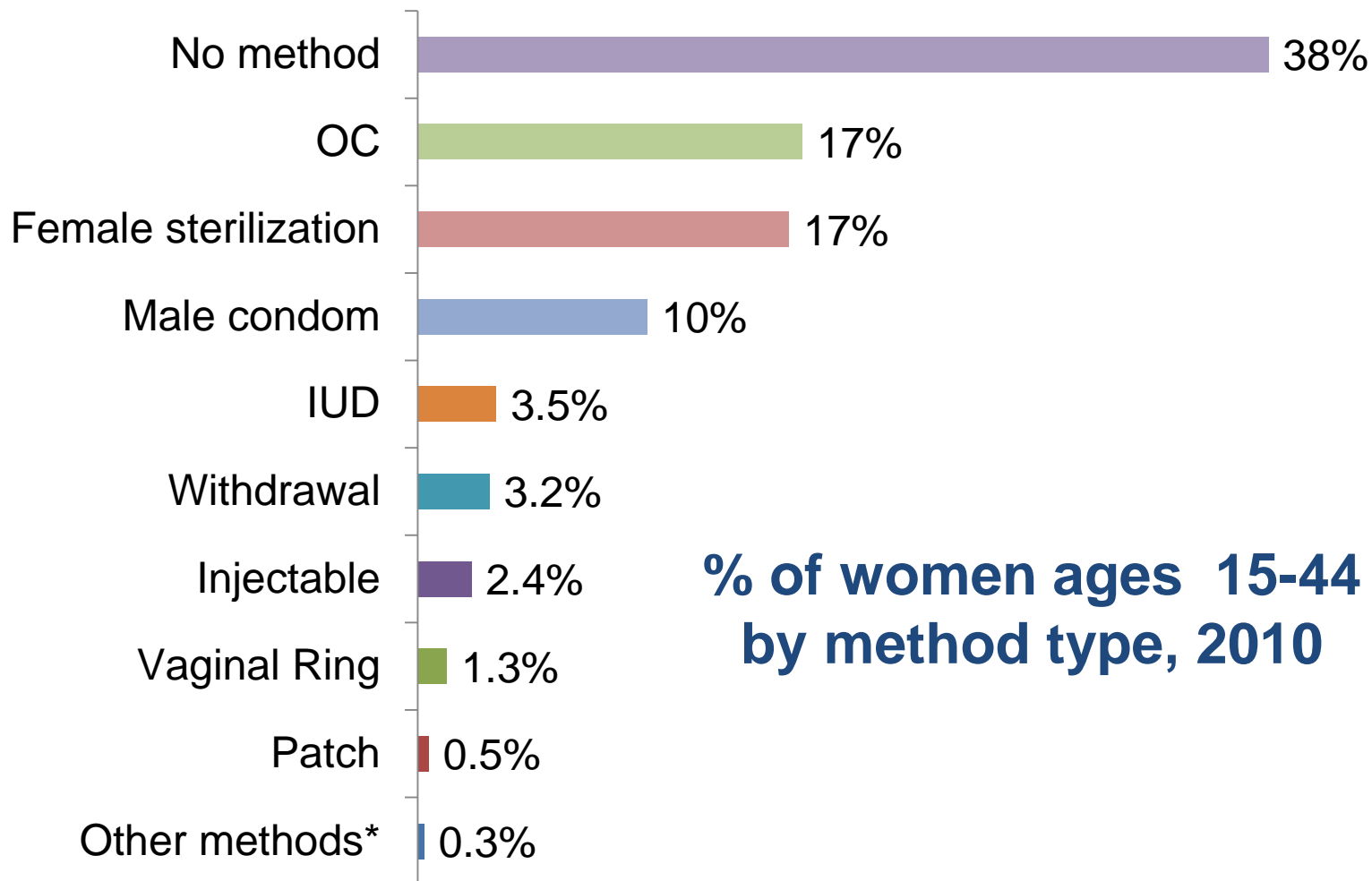
### Sources:

Steiner MJ, Trussell J, Mehta N, Condon S, Subramaniam S, Bourne D. Communicating contraceptive effectiveness: a randomized controlled trial to inform a World Health Organization family planning handbook. *Am J Obstet Gynecol* 2006;195(1):85-91.

World Health Organization/Department of Reproductive Health and Research (WHO/RHR), Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO, 2007.

Trussell J. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates W Jr., Guest F, Kowal D, eds. *Contraceptive Technology, Nineteenth Revised Edition*. New York: Ardent Media, Inc., in press.

# U.S. Contraceptive Use



# Use of IUDs and Implants is increasing among U.S. contraceptive users

Year	%
2009	8.5
2007	3.7
2002	2.4

# ACOG recommends IUDs and Implants as a first-line contraceptive method

- Offered and encouraged as options for most women
- Few contraindications
- Almost all women are eligible, including young and nulliparous women
- Post-partum and post-abortion are ideal times for initiation

Practice Bulletin #121, Long-Acting Reversible Contraception: Implants and Intrauterine Devices

Committee Opinion #539, Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

# Conclusion

- >252,000 unintended pregnancies in NYS (54% of all pregnancies)
- Use of the most effective reversible contraceptive methods – IUD and Implant -- is low but increasing
- Access to a full range of contraceptives including IUDs and Implants is important to help women realize their reproductive intentions
- Publically funded contraceptive services are critical



# Reminder!

Please **continue submitting questions** for the panelists using the **QUESTION window** on the gotowebinar toolbar





# **NEW YORK STATE**

**Department of Health**

**MEDICAID FEE-FOR-SERVICE  
BILLING FOR FAMILY PLANNING WEBINAR**

**JUNE 20, 2014**

# Agenda

- ✓ Family planning services and Medicaid populations,
- ✓ Family Planning Benefit Program (FPBP) and Family Planning Extension Program (FPEP),
- ✓ 2013 Update – Clinic reimbursement for the provision of oral contraceptives,
- ✓ 2014 Updates,
- ✓ Reminders and frequently asked questions (FAQs),
- ✓ In the Works – Update on State Plan Amendment (IUD/Abortion), and
- ✓ Resources.



# Family Planning Services

- ✓ Family Planning Services include:
  - ✓ Most FDA approved birth control methods, devices, and supplies,
  - ✓ Emergency contraception services and follow-up care,
  - ✓ Sterilization (male and female),
  - ✓ Preconception counseling and preventive screening and family planning options **before** pregnancy, and

# Family Planning-Related Services

- ✓ Family planning-related services include:
  - ✓ Testing/counseling services related to: pregnancy, informed consent, and HIV and STD risk counseling;
  - ✓ Comprehensive health history and physical examination, including breast exam and referrals to primary care providers as indicated;
  - ✓ Screening for and related diagnostic laboratory testing medical conditions that affect the choice of birth control, STIs, cervical cancer and urinary tract or female-related infections;
  - ✓ Treatment of sexually transmitted infections (STIs);
  - ✓ Bone density scan (**for those using or planning to use Depo-Provera**);
  - ✓ Ultrasound (**to assess placement of an intrauterine device; and**
  - ✓ Transportation to or from a family planning service (not available to FPEP enrollees).

# Medicaid Populations

- ✓ **Medicaid fee-for-service (FFS)** enrollees – Individuals found to be eligible for regular FFS Medicaid;
- ✓ **Medicaid managed care** - Medicaid-eligible individuals who have enrolled in a Medicaid managed care plan. enrollees,
- ✓ **FPBP** enrollees – Individuals that applied for and were found to be eligible for family planning benefits only , and
- ✓ **FPEP** enrollees – Individuals previously eligible for FFS Medicaid, but lost eligibility after their 60-day post partum period and are now eligible for family planning benefits only.

# Medicaid Populations

## Accessing Family Planning Services

- ✓ Medicaid fee-for-service (FFS), FPBP, and FPEP enrollees may go to any family planning services provider as long as that provider accepts Medicaid.
- ✓ Medicaid managed care enrollees may go to any family planning services provider inside or outside their health plan as long as that provider accepts Medicaid (Free Access). No referral or prior approval from their plan is necessary.

# Family Planning Benefit Program (FPBP)

- ✓ **Effective November 1, 2012** State Plan Amendment #12-12 (SPA #12-12) - FPBP now a State Plan service with:
  - ✓ Transportation now in the benefit package,
  - ✓ No minimum age to enroll,
  - ✓ Applicants able to apply for three months of retroactive coverage, and
  - ✓ Presumptive eligibility is available when applying for FPBP.
- ✓ Prior to approval of SPA #12-12, FPBP was included in the 1115 Waiver Demonstration Partnership Plan.
- ✓ Additional Information - November 2012 Medicaid Update Article at:  
[http://www.health.ny.gov/health\\_care/medicaid/program/update/2012/2012-11.htm#fam](http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-11.htm#fam)

# Family Planning Benefit Program

## Transportation - An FPBP Benefit

- ✓ Centers for Medicare and Medicaid Services (CMS) requires State Plan services to have transportation benefits to access covered services, including the FPBP.
- ✓ For FPBP, transportation **must** be to or from a family planning covered service.
- ✓ Transportation Manual can be viewed at:  
<http://www.emedny.org/ProviderManuals/Transportation/index.html>.

# Family Planning Extension Program (FPEP)

- ✓ FPEP has transitioned to the eMedNY system.
  - ✓ Eligibility can now be checked using a Common Benefit Identification Card (CBIC).
  - ✓ Claiming can now be done through Computer Sciences Corporation (CSC).
- ✓ Transportation is **NOT** included in the FPEP benefit package because it is not a State Plan service and there is no federal funding.
- ✓ Additional Information - November 2012 Medicaid Update Article at:  
[http://www.health.ny.gov/health\\_care/medicaid/program/update/2012/2012-11.htm#fam](http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-11.htm#fam)

# FPBP and FPEP Highlights

## FPBP

- ✓ Eligibility verification message:  
“Eligible Only Family Planning Services,”  
(Benefit package now includes transportation).
- ✓ 90% federally funded.

## FPEP

- ✓ Eligibility verification message:  
“Eligible Only Family Planning Services No Transportation” (FPEP has transitioned to the eMedNY system).
- ✓ 100% State funded.



# FPBP and FPEP Highlights

## FPBP

- ✓ **Eligibility criteria:**
  - ✓ NYS resident (male or female),
  - ✓ US citizen, national, Native American, or have satisfactory immigration status, and
  - ✓ Income must be at or below 223% of FPL.
- ✓ **Recent changes:**
  - ✓ No minimum age,
  - ✓ Access to 3-month retro coverage,
  - ✓ Presumptive eligibility, and
  - ✓ Transportation is in benefit package..

## FPEP

- ✓ **Eligibility criteria:**
  - ✓ Must have been pregnant while in receipt of Medicaid (regardless of how that pregnancy ended) and
  - ✓ Is no longer eligible for MA after the 60 day post partum period.
- ✓ **Recent changes:**
  - ✓ FPEP has transitioned to the eMedNY system,
  - ✓ Eligibility can now be checked using a Common Benefit Identification Card (CBIC), and
  - ✓ Claiming is now done through CSC.

# 2013 Update

## Reimbursement of Oral Contraceptives

- ✓ **Effective January 1, 2013** – Reimbursement is available to clinics for the provision of an individual's **initial** supply of oral contraceptives.
  - ✓ This is **NOT** intended for ongoing refills.
  - ✓ This does include emergency contraceptives.
- ✓ **See February 2013 Medicaid Update Article at:**  
[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/](http://www.health.ny.gov/health_care/medicaid/program/update/2013/)

# 2013 Update

## Reimbursement for Oral Contraceptives

- ✓ Use HCPCS S4993 when billing for oral contraceptives and include on your APG claim.
  - ✓ Report the NDC.
  - ✓ If purchased at the 340B price, you must append the **UD modifier** and do **NOT** report the NDC.
- ✓ The number of units must be included on the claim.
  - ✓ One unit equals a one-month supply.
  - ✓ Maximum units - three.

# 2013 Update

## Reimbursement for Oral Contraceptives

- ✓ HCPCS S4993 is **not** covered as a stand-alone service.
  - ✓ It must be accompanied by another covered service (e.g., evaluation and management visit).
  - ✓ For FPBP & FPEP enrollees, it must be billed in conjunction with a family planning visit (diagnosis in the V25 series).
- ✓ Providers must report the acquisition cost (in the “charges” field) by invoice on the claim.
- ✓ The recipient should be given a prescription for ongoing oral contraceptives.
- ✓ Family planning clinics **CANNOT** provide refills.

# 2014 Updates

## Inpatient Post Partum Long-acting Reversible Contraceptive (LARC)

- ✓ Effective for dates of service on/after April 1, 2014.
- ✓ Separate reimbursement is available to hospitals for the cost of the long-acting reversible contraceptive (LARC) provided to women during their post partum inpatient hospital stay.
- ✓ eMail blast went out to providers on May 28, 2014.  
<https://www.emedny.org>
- ✓ Medicaid managed care plans are encouraged to accommodate and promote this inpatient post partum LARC.

# 2014 Updates

## Inpatient Post Partum LARC

- ✓ Bill separately for the LARC on an ordered ambulatory claim, and hospitals must include the actual acquisition cost by invoice.
- ✓ This includes the following LARCs:
  - ✓ J7300 Intrauterine Copper Contraceptive
  - ✓ J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla) 13.5 mg
  - ✓ J7302 Levonorgestrel-releasing intrauterine contraceptive system 52 mg
  - ✓ J7306 Levonorgestrel (contraceptive) implant system, including implants and supplies
  - ✓ J7307 Etonogestrel (contraceptive) implant system, including implants and supplies

# 2014 Updates

## CMS – SMDL #14-003

- ✓ CMS has determined that providers will, as a matter of course, provide behavioral counseling on contraceptives when diagnosing/treating an STI.
- ✓ **Effective immediately** - FPBP/FPEP enrollee visits for the diagnosis and treatment of a sexually transmitted infection (STI) are Medicaid reimbursable **even when family planning is not the primary reason for the visit.**
- ✓ For more information you may access the CMS State Medicaid Director's Letter #14-003:

<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-14-003.pdf>

# Claiming

## Family Planning Visits

- ✓ When the primary reason for the visit is family planning, the primary diagnosis should be in the **V25** series.
- ✓ When the primary reason for the visit is a Sexually Transmitted Infection (STI) and family planning is secondary, the **V25** should be a secondary diagnosis.
- ✓ The claim should include a family planning indicator -Y in the family planning box. Claim will deny without the family planning indicator.



# 2014 Updates

## Nurse Practitioner/Midwife

- ✓ The following codes were added to the Midwife and Nurse Practitioner Fee schedules:
- ✓ 11982 - Removal non-biodegradable drug delivery implant
- ✓ 11983 - Removal and reinsertion non-biodegradable drug delivery implant

# Claiming Reminders

## Intrauterine Devices - Submit Two Claims

- ✓ Both an APG Claim and an Ordered Ambulatory claim must be submitted.
  - ✓ APG Claim
    - ✓ Removal – 58301 and/or
    - ✓ Insertion – 58300
  - ✓ Ordered Ambulatory Claim
    - ✓ Device – IUD
    - ✓ Actual acquisition cost by invoice

Copper IUD  
J7300

Skylla  
J7301

Hormonal IUD  
J7302

# Claiming Reminders

## Implant – Two Claims

### Implant J7307

- Etonogestrel (contraceptive) implant system, including implant and supplies

#### ✓ APG Claim

- ✓ Insertion - 11981
- ✓ Removal - 11982
- ✓ Removal and reinsertion - 11983

#### ✓ Ordered Ambulatory Claim

- ✓ Implant – Implanon or Nexplanon
- ✓ Actual acquisition cost by invoice

# Claiming Reminders

## Depo-Provera Injection - 1 Claim Submitted on an APG Claim

Depo-Provera Injection  
J1050

INJECTION,  
MEDROXYPROGESTERONE ACETATE,  
1 MG

- ✓ J1050 must be submitted on the APG claim.
- ✓ J1050 is not a stand-alone service; it must be billed in conjunction with another service (evaluation and management).
- ✓ Report the NDC.
- ✓ If purchased at the 340B price, you must append the UD modifier and do **NOT** report the NDC.

# Claiming Reminders

## Depo-Provera Injection - 1 Claim Submitted on an Ordered Ambulatory Claim

Depo-Provera Injection  
J1050

INJECTION,  
MEDROXYPROGESTERONE ACETATE,  
1 MG

- ✓ When administered by an RN or an LPN within their scope of practice with a patient specific order from a physician, physician assistant, nurse practitioner, or licensed midwife, J1050 may be billed to Medicaid as an ordered ambulatory service when an APG claim is **NOT** billed by the clinic on the same date of service.
- ✓ You may also include **CPT code 96372** (injection) on the ordered ambulatory claim.

# Claiming Reminders

## Oral Contraceptives – 1 Claim

Oral Contraceptives  
S4993

CONTRACEPTIVE PILLS FOR BIRTH  
CONTROL

- ✓ Submit on the APG claim with another service.
- ✓ S4993 is not covered as a stand-alone service.
- ✓ Report the NDC.
- ✓ If purchased at the 340B price, you must append the UD modifier and do NOT report the NDC.

# Claiming Reminders

## Other Contraceptive Methods - 1 Claim

Vaginal Ring  
J7303

Patch  
J7304

- ✓ Submit on an APG claim; codes are not covered as a stand-alone service.
- ✓ Report the NDC.
- ✓ If purchased at the 340B price, append the UD modifier and do **NOT** report the NDC.

# Frequently Asked Questions

## IUD Replacement

- ✓ **Question:** What is the service limit on an IUD replacement?  
**Answer:** Service limit edit is set for once every five years (Skyla – three years).
- ✓ **Question:** Will Medicaid reimburse for an IUD if it is replaced sooner?  
**Answer:** If replacement is medically necessary, Medicaid will reimburse the provider. To justify early replacement, the provider must submit a paper claim with supporting documentation.
- ✓ **FYI -** Service limits are set based on the manufacturer's recommendations.



# Frequently Asked Questions

## Emergency Contraceptives

✓ **Question:** What emergency contraceptives (EC) does NYS Medicaid reimburse?

**Answer:** NYS Medicaid will reimburse for either Plan B or Ella.

✓ **Question:** What are the requirements for coverage of emergency contraceptives?

**Answer:** NYS Medicaid policy is consistent with federal guidelines:

- ✓ Female;
- ✓ No age restriction; and
- ✓ No prescription or fiscal order is required.

# Frequently Asked Questions

## Sterilization Consent Form

✓ **Question:** Do men also need to sign a Sterilization Consent Form?

**Answer:** Yes, a sterilization consent form is required for both men and women. The form must be signed by the recipient 30 days prior to the actual procedure. The Sterilization Consent Form also has an expiration date of 180 days.

✓ **Question:** If a field is left blank (signature/date/procedure/CIN, etc.) can it be completed at a later date?

✓ **Answer:** No, this would be altering the form, which is not allowed.

# Frequently Asked Questions

## Sterilization Consent Form

✓ **Question:** How do you document on the form the fact that a telephonic interpreter service was used?

**Answer:** Someone from the provider's office must remain with the recipient throughout the conversation; she then should sign the form on behalf of the interpreter.

# Frequently Asked Questions

## Sterilization Consent Form

✓ **Question:** Is there a minimum age for sterilization?

**Answer:** Yes, the minimum age is 21; the form cannot be signed before the individual's 21<sup>st</sup> birthday.

✓ **Question:** Where do I get Sterilization Consent Forms?

**Answer:** The sterilization consent form is available in both English and Spanish at:

[http://www.health.state.ny.us/health\\_care/medicaid/publications/ldssforms](http://www.health.state.ny.us/health_care/medicaid/publications/ldssforms)

# Frequently Asked Questions

## Federally Qualified Health Centers (FQHCs)

- ✓ **Question:** May FQHCs bill for the provision of oral contraceptives?

### **Answer:**

- ✓ FQHCs that have “opted into” APGs can bill for oral contraceptives (S4993) as a line item along with a visit.
- ✓ FQHCs that have “opted out” of APGs receive an all-inclusive threshold visit rate. The provision of oral contraceptives is included in this rate.

# In the Works

## State Plan Amendments #13-39 & #13-44

- ✓ Abortion/IUD -same date of service
  - ✓ A new billing methodology is being considered for future implementation.
  - ✓ SPAs (#13-39 & #13-44) were submitted to CMS Sept 2013.
  - ✓ Subsequent Requests for Additional Information (RAIs) were received Dec 2013 and are pending submission and approval by CMS.

# Resources

- ✓ DOH Website - Medicaid Updates:  
[http://www.health.ny.gov/health\\_care/medicaid/program/update/main.htm](http://www.health.ny.gov/health_care/medicaid/program/update/main.htm)
- ✓ Billing/claiming questions – Computer Sciences Corporation (CSC); 1-800-343-9000
- ✓ Medicaid policy questions: 1-518-473-2160
- ✓ Managed Care questions: Refer to individual health plan
- ✓ Submit paper claims to:  
  
CSC, P.O. Box 4601, Rensselaer, NY 12144-4601,  
Attention: Paper Claim Appeals Unit

# Questions for Panelists



Please **continue submitting questions** for the panelists using the **QUESTION window** on the gotowebinar toolbar



# Thank You

For more information about today's topic visit these websites:

- **Physicians for Reproductive Health**  
[www.prh.org](http://www.prh.org)
- **NYC IUD Task Force**  
<http://iudtaskforce.org>
- **NYC DOH BMIRH**  
<http://www.nyc.gov/html/doh/html/home/home.shtml>
- **NYS DOH**  
<http://www.health.ny.gov>