NEW YORK STATE
Department of Health

MEDICAID FEE-FOR-SERVICE BILLING FOR FAMILY PLANNING WEBINAR

JUNE 20, 2014

To view recorded webinar, go to:
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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:

- Allynna 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

Publicly 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

Comparing Effectiveness of Family Planning Methods

**More effective**
Less than 1 pregnancy per 100 women in 1 year

- Implants
- IUD
- Female sterilization
- Vasectomy

**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.

**Less effective**
About 30 pregnancies per 100 women in 1 year

- Withdrawal
- Spermicides

Sources:


U.S. Contraceptive Use

% of women ages 15-44 by method type, 2010

- No method: 38%
- OC: 17%
- Female sterilization: 17%
- Male condom: 10%
- IUD: 3.5%
- Withdrawal: 3.2%
- Injectable: 2.4%
- Vaginal Ring: 1.3%
- Patch: 0.5%
- Other methods*: 0.3%

* Includes emergency contraception, female condom, spermicides, diaphragm and contraceptive sponge

http://www.guttmacher.org/pubs/fb_contr_use.html#23a
Use of IUDs and Implants is increasing among U.S. contraceptive users

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2009</td>
<td>8.5</td>
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<td>2007</td>
<td>3.7</td>
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<td>2002</td>
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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:
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.
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.
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.

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/
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
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:

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

Skyla
J7301

Hormonal IUD
J7302
Claiming Reminders

Implant – Two Claims

- 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

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.
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.
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 21st 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
Frequently Asked Questions

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:  

✓ 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

• NYC IUD Task Force
  http://iudtaskforce.org

• NYC DOH BMIRH

• NYS DOH
  http://www.health.ny.gov