

Subject: Just4Me - Family Planning

Policy

CareSource covers family planning services for members when the services are determined to be necessary for the health and well-being of the member. The services provided must be appropriate to the specific medical needs of the member. Determination of medical necessity is the responsibility of the physician. Submission of claims for payment will serve as the provider's certification of the medical necessity for these services.

Definitions

"Current Procedural Terminology" ("CPT") codes are numbers assigned to every task, medical procedure, and service a medical practitioner may provide to a patient. CPT codes are developed, maintained and updated annually, and copyrighted by the American Medical Association. *(From ama-assn.org)*

"Family planning services," or **"Pregnancy prevention/contraceptive management services,"** are services and supplies provided for the primary purpose of preventing or delaying pregnancy. They include services provided for the prevention of pregnancy, and related supplies. *(from OAC 5160-21, "Reproductive Health Services.")*

"Infertility" is defined as the condition of (i) a presumably healthy woman of childbearing age who has been unable to conceive or (ii) a presumably healthy man who has been unable to produce conception, in either case, after at least one year of trying to do so. *(CareSource internal definition)*

"Medically necessary" services are those health services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice. *(from OAC 5160-10-02)*

"Preconception care" means Medicaid-covered preventive medicine services provided prior to a pregnancy for the purpose of achieving optimal outcome of future pregnancies. *(from OAC 5160-21, "Reproductive Health Services.")*

Provider Reimbursement Guidelines

Prior Authorization

Members may seek family planning services from any qualified CareSource participating provider without prior authorization.

Coverage

Family planning services must be furnished under the supervision of a physician or dispensed by a pharmacy for beneficiaries of childbearing age, including minors considered to be sexually active. Family planning services enable beneficiaries to voluntarily choose to prevent initial pregnancy or to limit the number of and spacing of their children.

Covered services include an office visit for a complete exam, pharmaceuticals (including some over the counter ["OTC"] products), supplies and devices when such services are provided by or under the supervision of a medical doctor, osteopath, or eligible family planning provider. Family planning supplies not furnished by the provider as part of the medical services must be prescribed by a physician and purchased at a pharmacy. Exceptions are condoms and similar supplies which do not require a prescription.

Family planning services may include the following.

- Pregnancy prevention
- Pregnancy testing
- Sterilization [Separate CareSource payment policy]
- Hysterectomies [Separate CareSource payment policy]
- Infertility services [not covered]

Some of these services can be easily recognized as family planning by the CPT procedure code or drug type code (for example, intrauterine device (IUD) insertion, vasectomy, contraceptive drugs and devices). Other services such as visits, laboratory tests and X-rays are not as readily identifiable as family planning services.

Claims

Providers are to indicate "Family Planning" as a diagnosis when billing any of the services listed in this policy that relate to family planning.

Providers are to complete the diagnosis code or the appropriate narrative, where applicable. In addition, providers should identify services related to the treatment of complications of family planning.

Examples:

- Surgical procedure such as incision and drainage of pelvic abscess resulting from infection with IUD
- Office visit and laboratory tests needed because of uterine bleeding while on oral contraceptives

Occasionally other services (including hospital, radiology, pharmaceutical, blood and blood derivatives) may be related to family planning or to its complications, and should be properly identified.

Non-Comprehensive Family Planning Visits

CareSource covers pregnancy prevention/contraceptive management services including evaluation and management (office) visits and consultations for the purpose of:

- Pregnancy prevention/contraceptive management;
- Pregnancy examination and testing that includes provision of information about pregnancy prevention;

Pregnancy prevention/contraceptive management, including but not limited to fertility awareness and natural family planning. "Natural family planning," is the use of fertility awareness-based methods to track ovulation in order to prevent pregnancy.

- Pregnancy determination services when pregnancy testing yields a negative or inconclusive result and provision of information about pregnancy prevention is provided;
- Medical/surgical services/procedures provided for the purpose of pregnancy prevention/contraceptive management (i.e., injection, fitting, insertion, removal of contraceptive devices);
- Laboratory tests and procedures provided for the purpose of temporary pregnancy prevention/contraceptive management;
- Drugs prescribed for the purpose of pregnancy prevention/ contraceptive management;
- Supplies provided for the purpose of pregnancy prevention/ contraceptive management.

Appropriate CPT codes should be used when billing for additional time spent discussing family planning needs with a recipient during routine, non-family planning office visits.

Pregnancy prevention/contraceptive management services

Providers must include the following information on claims for pregnancy prevention/contraceptive management services:

- A valid current procedural terminology (CPT) or healthcare common procedure coding system (HCPCS) procedure code for each service provided; and
- An appropriate ICD-9 (before 10/1/2014) or ICD-10 (after 10/1/2014) diagnosis code to indicate an encounter for contraceptive management"

General contraceptives

Condoms are considered medically necessary for men and women in the prevention of pregnancy and to reduce the risk of sexually transmitted disease. Therefore, reimbursement is available for the following codes:

Codes	Description
A4266	diaphragm contraceptive
A4267	contraceptive supply condom male
A4268	contraceptive supply condom female
A4269	contraceptive supply spermicide eg foam gel
J7300	Intrauterine copper contraceptive (ParaGard T 380A)
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)

IUDs require minimal, yet ongoing, oversight. When members experience active symptoms due to the IUD (e.g., excessive bleeding, cramping, or pelvic inflammatory disease) or need routine IUD surveillance, providers should report E/M codes for those visits as well as the appropriate diagnoses codes for IUD surveillance, current GYN symptoms, or current GYN disease processes.

Some physicians also use ultrasound to confirm appropriate placement of an IUD at the time of insertion. When the healthcare provider performs this service, it is not bundled with the insertion codes.

Evaluation and Management CPT-4 codes, for example 99203 or 99213, may be billed when the member is counseled regarding contraception or is examined to determine the suitability of contraceptive modalities.

Implantable Contraceptives: Etonogestrel

Etonogestrel, 68 mg contraceptive implant (Implanon, Nexplanon) is billed with code J7307. Implanon must be FDA approved, labeled for use in the United States, and obtained from the single-source distributor. Only providers who have completed a company-sponsored training course and have been assigned a unique "Training Identification Number" may purchase Implanon. The certificate of training for each provider who inserts the implant must be retained by the provider and is subject to post-audit review.

Implanon may be reimbursed when service is performed by on-medical practitioners (NMPs) who have completed the required training. Implanon is not reimbursable to Pharmacy providers.

Providers must maintain a written log or electronic record of all Implanon implant systems, including the recipient's name, medical record or CareSource number, date of surgery, and lot number of the product, for at least three years from the date of insertion. Records are subject to post-audit reviews.

When billing for code J7307 [*Etonogestrel (contraceptive) implant system, including implant and supplies*], providers must attach a copy of the invoice to the claim or document the invoice number and price in the claim.

- Reimbursement limited to one per recipient, any provider, per 34 months. *While the duration of action of Implanon is 36 months, the 34-month limit will permit early removal and insertion of a new implant.*
- Bill in conjunction with the appropriate ICD-9 code (before 10/1/2014) or ICD-10 code (after 10/1/2014).

Providers billing code J7307 more than once in 34 months must document the necessity for the repeat implant in the claim.

Implantable Contraceptives: Norplant

Norplant and related services are reimbursable once per member, per five years. If removal and re-implantation at the same or different incision site is performed prior to five years from the previous implantation, reimbursement is available for the removal only.

When a physician inserts an implantable contraceptive, they should use code 11981 [*Insertion, non-biodegradable drug delivery implant*]. Code 11976 [*Removal, implantable contraceptive capsules*] is for use with those members that have the older Norplant capsule systems that need to be removed.

For a member who comes to the office to have an implant removed and has a contraceptive rod inserted at the same visit, codes 11976 and 11981 are appropriate; submit the claim as 11976, 11981-51 (Multiple procedures). Note: providers should report the appropriate diagnostic codes for this combination service.

When a member has a contraceptive rod removed, report 11982 [*Removal of a non-biodegradable drug delivery implant*] or 11983 [*Removal with reinsertion of a non-biodegradable drug delivery implant*].

[Source: http://www.obgmanagement.com/article_pages.asp?aid=10149.]

Pregnancy testing

CareSource covers pregnancy testing in the physician's office.

Code	Description
81025	Pregnancy Test Kits Urine, Qualitative
84703QW	Pregnancy Test Urine Instrument

Infertility Services (Assisted Reproductive Technology)

CareSource does not cover infertility services. Under no circumstances are the following procedures covered:

- Drugs prescribed in accordance with Chapter 5160-9 (Pharmacy Services) of the Ohio Administrative Code and/or drugs administered in accordance with Chapter 5160-4 (Physician Services) of the Ohio Administrative Code;
- Assisted reproductive technologies (ART);
- In vitro fertilization;
- Intrauterine insemination/artificial insemination; and
- Surgery, including procedures for the reversal of voluntary sterilization.

Related Policies & References

OAC Rule 5160-21 Preconception Care Services

907 KAR 1:048. Family planning services

CareSource Sterilization & Hysterectomy policies

Document History
