
CHAPTER 33: FAMILY PLANNING CLINICS

SECTION 33.1: COVERED SERVICES

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COVERED SERVICES

Services which are covered and reimbursable for payment by Medicaid-enrolled family planning clinics are defined in this section. The fees that are associated with these services are published in the Family Planning Clinic fee schedule on www.lamedicaid.com. ClaimCheck® claims editing policy applies. For additional information on ClaimCheck® please refer to the Louisiana Medicaid website.

Family Planning Clinic services are defined as:

- Evaluation and management;
- Diagnostic services; and
- Contraceptive services.

Evaluation and Management

Louisiana Medicaid will pay no more than **one** “new patient” evaluation and management code per three-year period, except when identifying the initial pre-natal visit of each new pregnancy. A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

Providers are to use the appropriate Preventive Medicine Services “New Patient” or “Established Patient” CPT code.

Office Visits - Initial/Annual Examinations

Family planning initial visit is the beneficiary’s first visit to the family planning clinic (**new patient**). A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

Family planning annual visit is the beneficiary’s yearly visit to assess the beneficiary’s physical status and contraceptive practices (**established patient**). An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

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The Family Planning Clinic initial/ annual visit must include the following when applicable:

- Initiation of a medical record, collecting medical history, reproductive history, and some social history;
- Beneficiary education in a group setting, including reproductive physiology, benefits of family planning, contraceptive methodology, and an explanation of services provided at the clinic;
- Routine laboratory tests as indicated including hematocrit/hemoglobin, urinalysis, sickle cell prep, Papanicolaou (Pap) smear, pregnancy test, and gonorrhea/chlamydia culture. (Note: The laboratory must bill for services performed by the laboratory);
- Physical examination, including at least height, weight, blood pressure recording, and breast, abdominal, and pelvic examination; and
- Prescription and referral services - the issuance of prescriptions for drugs for conditions such as vaginal infection and anemia. Referrals are made for other medical problems when indicated (severe infection, persistent abdominal cervical cytology, positive urine culture, pregnancy, anemia, etc.).

Rescheduled Physician Visit

The appropriate procedure code must be used for the billing of a **rescheduled** visit when the provider was unable to be present for a beneficiary's initial/reopen/annual visit which requires the presence of a physician.

Intermediate Physician Visit

The intermediate physician visit must include all of the appropriate physician services that are included in the Initial/Reopen/Annual Examination. Refer to the section entitled "Office Visits – Initial /Annual Examinations" for detailed information regarding these services."

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Nurse Visit

This service must be used for the billing of a nursing assessment/evaluation when the physician is unable to be present for the scheduled initial/annual visit and the beneficiary is rescheduled to return for the physician services.

The nursing assessment/evaluation must include all of the appropriate nursing services that are included in the initial/annual examination. Refer to the section entitled “Office Visits – Initial/Annual Examinations” for detailed information regarding these services.

This service must be reported for beneficiaries receiving services through the National Family Planning Program (Title X) who are using foam, condoms or diaphragm for every second year exam since the Title X Program allows a physician exam only once every other year rather than annually. Title X of the Public Health Service Act supports a network of clinics providing comprehensive family planning services.

NOTE: When a beneficiary returns to the office at a later date for the physician to complete the initial/annual visit, the rescheduled physician visit must be reported with the corresponding procedure code.

Routine Return Visit

This service must be used for the billing of a routine return visit to the clinic requiring non-physician services. This is a service that is provided by the registered nurse (RN). Services may include the following:

- Intrauterine device (IUD) string check if indicated;
- Height/weight;
- Blood pressure check;
- Medical history program counseling;
- Family planning counseling;
- Contraceptive method counseling;

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- Pregnancy counseling;
- Patient education;
- Hematocrit/hemoglobin;
- Pap-smear; and
- Other services provided by the RN under the scope of the routine return visit.

Sterilization Counseling

This service is the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. The appropriate procedure code must be used when sterilization counseling is provided by the provider to explain the actual sterilization procedure, allay beneficiary fears and respond to concerns of the beneficiary. Consent forms are initiated. Referrals are made and followed up with the appropriate provider.

Social Services Counseling – Social Worker

This service must be reported with **modifier AJ** (Clinical Social Worker) for counseling provided by a social worker with a Masters of Social Work (MSW) regarding the medical/family planning needs of the beneficiary.

Outreach or Follow-up Phone Call

These services are to be used for the billing of an outreach phone or follow-up phone call to a beneficiary by or under the direction of a physician. Choose according to criteria outlined in the Current Procedural Terminology (CPT). Only one of these procedures is reimbursable per day, per beneficiary when provided by the same billing provider.

Nutritional Counseling

The appropriate code must be used for the billing of counseling services provided by a licensed dietician/nutritionist regarding the nutritional needs and diet habits of the beneficiary. Monitoring and goal setting is also provided by the dietician/nutritionist.

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Diagnostic Services

Specimens forwarded to an outside laboratory may not bill for performance of the test. Only the laboratory must bill for services performed by the laboratory. The appropriate procedure code must be used for the billing of the following procedures:

- Venipuncture;
- Urine Testing;
- Hematocrit Testing;
- Hemoglobin Testing;
- Gonorrhea Culture;
- Chlamydia Culture; and
- Papanicolaou (PAP) Smear.

Contraceptive Services

The appropriate procedure codes must be used for the billing of the insertion, removal, fitting, and/or delivery of contraceptives devices to prevent pregnancy as described below.

Implantable Contraceptive Capsules

Contraceptive capsule implants are inserted subdermally, under local anaesthesia usually in the inner aspect of the non-dominant arm. Services include contraceptive management, insertion, removal and reinsertion of implantable contraceptives, including implant and supplies.

Diaphragm

Diaphragms are supplied and sized by a health care professional.

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Intrauterine Contraceptives

Copper- and hormonally-based devices placed in the uterus to prevent conception. Intrauterine device services include the insertion and removal of the device.

Contraceptive Supplies

Contraceptive supplies include female and male condoms, as well as spermicides.

Injectable Contraceptive

A deep intra-muscular injectable medicine used as a temporary method of contraception.

Oral Contraceptive

Oral contraception is medication taken by mouth for the purpose of birth control given in a one-month supply.

Other Services – Referrals

Medicaid will reimburse a Medicaid-enrolled family planning clinic for routine family planning services administered for family planning purposes only. A referral must be made for the treatment of other medical conditions as indicated. If the beneficiary has been assigned a Medicaid primary care physician (PCP), the beneficiary must be referred to the PCP for treatment of other medical conditions. Pregnant women must also be referred to a PCP as the Family Planning Clinic Program does not include services for pregnant women.

For Take Charge Plus beneficiaries receiving services at a family planning clinic, refer to the Take Charge Plus manual chapter and the Take Charge Plus fee schedule on the Louisiana Medicaid website.

NOTE: Refer to Chapter One, *General Administration and Information*, of the Medicaid Services Manual for general record keeping criteria.