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NYS Family Planning Billing Refresher

Best Practices and Common Mistakes
April 30, 2020

Presenter

New York State
Family Planning
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A NYS and NYC certified Women Owned Business (WBE)

Teamwork

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Reimbursement – Coding Matters

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- NYS Medicaid Article 28/FQHC:
  - Ambulatory Patients Groups (APG) payment system
    - Medicaid Managed Care plans often pay under APGs
    - Dependent on CPT, modifier and diagnosis coding
  - Prospective Payment System (PPS)
    - Facility threshold visit rate for FQHCs that don't opt in to APGs

- Other TPP payers:
  - Per contract – typically by CPT code

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- Provider Manuals, Fee Schedules, Medicaid Updates, and Other Guidance
- https://www.emedny.org/ProviderManuals/index.asp

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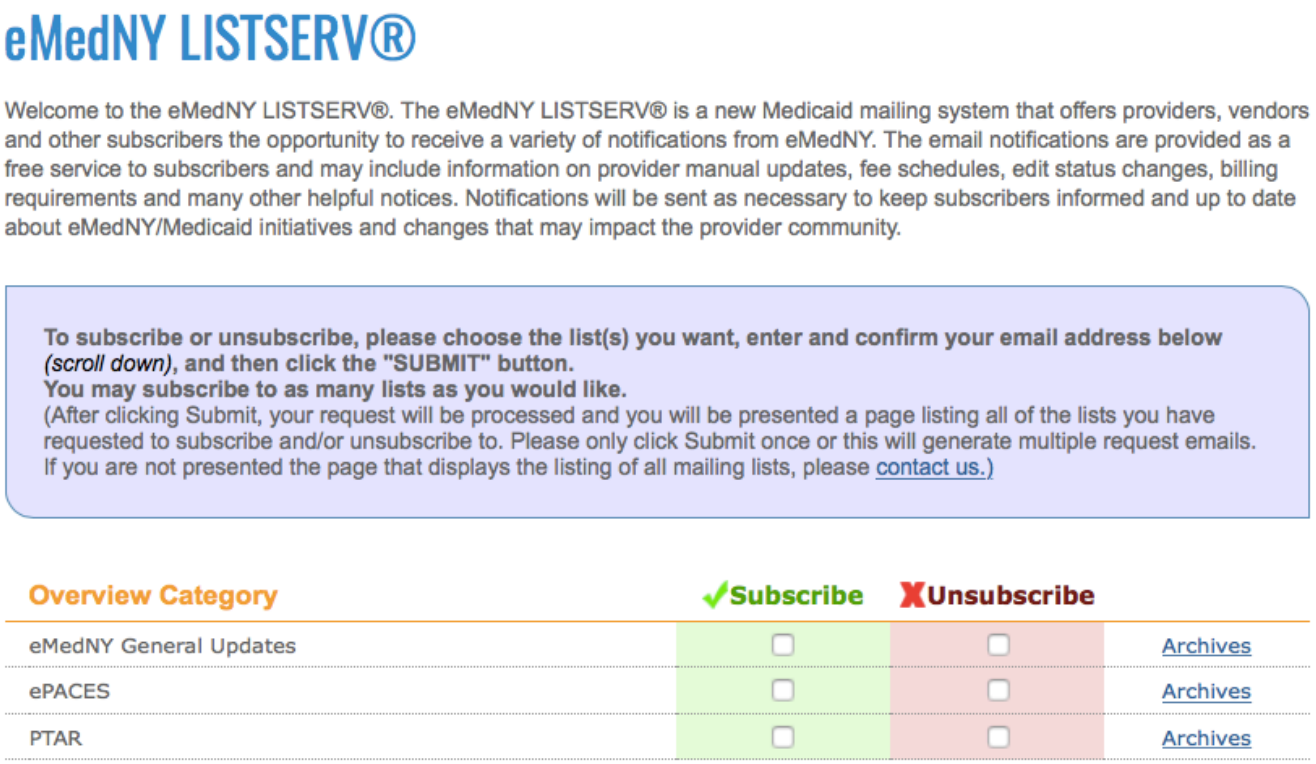

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NYS Medicaid COVID-19

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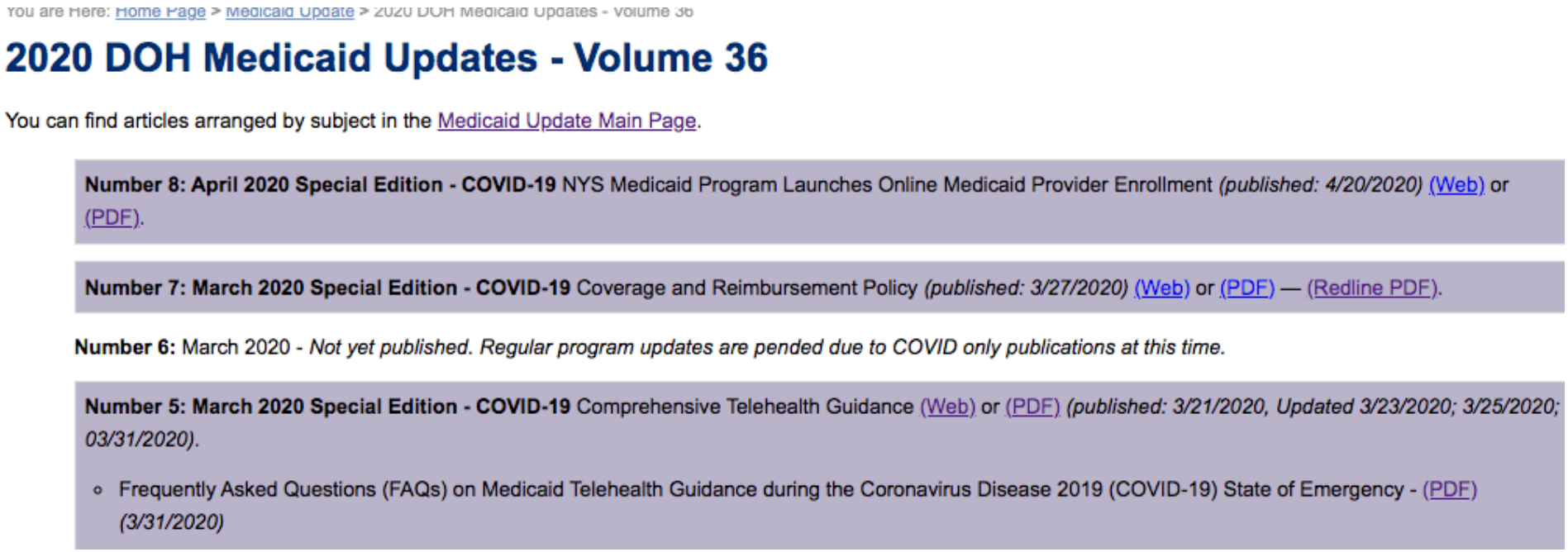

You are Here: Home Page > Medicaid Update > 2020 DOH Medicaid Updates - Volume 36

2020 DOH Medicaid Updates - Volume 36

You can find articles arranged by subject in the Medicaid Update Main Page.

Number 8: April 2020 Special Edition - COVID-19 NYS Medicaid Program Launches Online Medicaid Provider Enrollment *(published: 4/20/2020)* (Web) or (PDF).

Number 7: March 2020 Special Edition - COVID-19 Coverage and Reimbursement Policy *(published: 3/27/2020)* (Web) or (PDF) — (Redline PDF).

Number 6: March 2020 - *Not yet published. Regular program updates are pended due to COVID only publications at this time.*

Number 5: March 2020 Special Edition - COVID-19 Comprehensive Telehealth Guidance (Web) or (PDF) *(published: 3/21/2020, Updated 3/23/2020; 3/25/2020; 03/31/2020).*

- Frequently Asked Questions (FAQs) on Medicaid Telehealth Guidance during the Coronavirus Disease 2019 (COVID-19) State of Emergency - (PDF) *(3/31/2020)*

- https://www.health.ny.gov/health_care/medicaid/program/update/2020/
- To sign up to receive monthly updates automatically, email request to: medicaidupdate@health.ny.gov.

NYS APG Reimbursement

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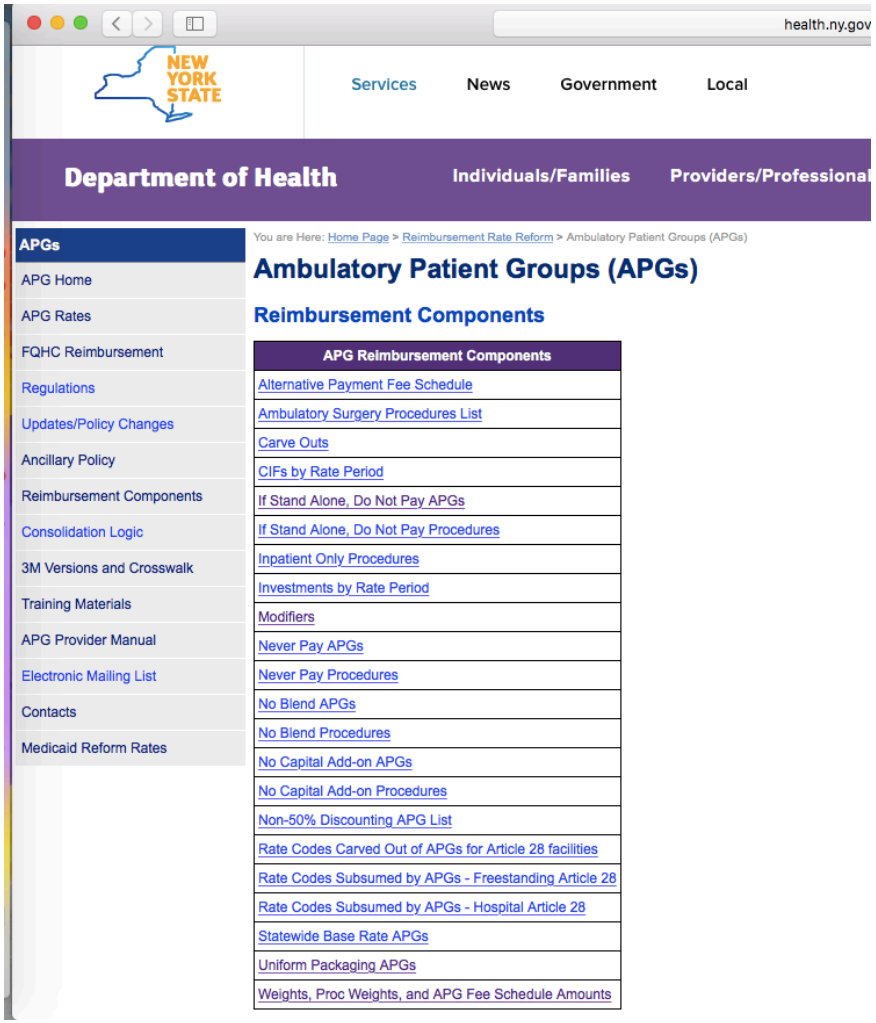
- http://www.health.ny.gov/health_care/medicaid/rates/methodology/



1) Ambulatory Patient Groups (APGs)

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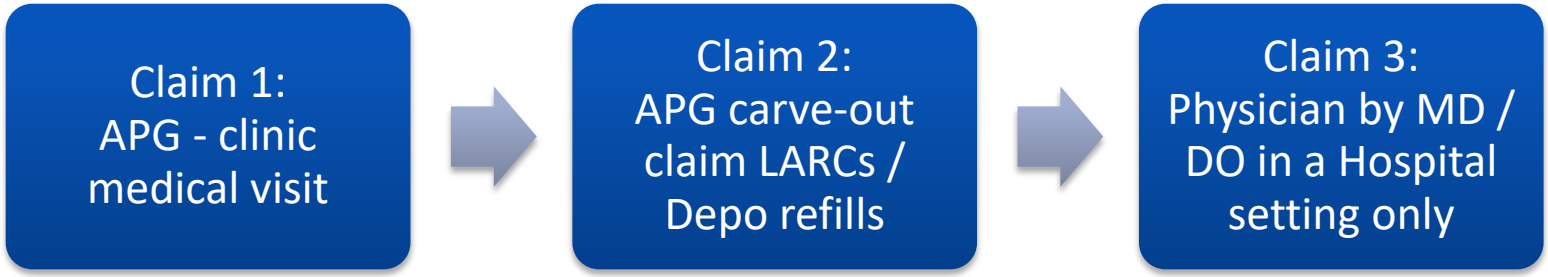
- Payment based on type of facility and combination of codes representing all the services provided
- Each service paid at line level
- Contraceptives are separately reimbursed
- Primary diagnosis drives reimbursement the medical visit codes
- Multiple claims may be needed for a single visit



APGs: Professional Physician Claims

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Hospital:	MD / DO - Separate fee claim in addition to APG facility payment
D&TC:	NO separate claim - included in the APG facility payment
NP, PA	NO separate claim - included in the APG facility payment

- *See APG Manual for requirements*

Physician Claims

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- Common Site Review Findings:
  - Professional claims for Hospital's billing APGs are not typically billed correctly
  - Modifiers (i.e. 25, 59) were not used correctly impacting payments for visits and procedures or multiple procedures on same day
  - Increased tracking and review of claims and reimbursement for accountability needed

2) PPS FQHC

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- FQHC's only that haven't opted into APGs
- All-inclusive rate for each qualifying patient visit for all services provided based on the facility's average cost to provide care
- Cost of contraceptives are included in the threshold payment with exception of LARC

Claim 1:
PPS - clinic medical visit, labs LARC procedures

Claim 2:
OA carve-out claim LARC device

Contraceptive Methods Have Specific ICD Codes

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Method	ICD-10	Description
OCP	Z30.011	Initial prescription of Oral Contraceptive Pills
	Z30.41	Surveillance / refill of OCP
Depo Provera	Z30.013	Initial prescription of injectable contraceptive
	Z30.42	Surveillance / refill of injectable contraceptive
EC	Z30.012	Prescription of Emergency Contraception (EC)
Patch	Z30.016	Initial prescription of hormone patch
	Z30.45	Surveillance / refill of patch
Ring	Z30.015	Initial prescription of vaginal ring
	Z30.44	Surveillance / refill of ring
Other	Z30.018	Initial prescription of other contraception *(barrier, diaphragm)*
	Z30.49	Surveillance of other contraception
BCM Counseling	Z30.09	FP Advice - *(i.e. Counseling on all methods before deciding on a LARC insertion)*

LARC Specific

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Method	ICD-10	Description
IUD	Z30.014	Encounter for initial prescription of IUD *(Note: not coded with IUD insertion; Example: used if a device needs to be ordered for a patient for insurance reasons)*
	Z30.430	Insertion of IUD
	Z30.431	Routine Checking of IUD
	Z30.432	Removal of IUD
	Z30.433	IUD removal and reinsertion
Implant	Z30.017	Initial prescription of implant– includes Nexplanon insertion
	Z30.46	Routine checking, removal or reinsertion of Nexplanon

APGs: Coding Matters

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- Family planning visits should have a Z30- primary diagnosis

Primary Reason for visit	APG Weight	UP DTC	UP Hospital	DS DTC	DS Hospital
Contraceptive Mgmt. – APG 875 (Z30-)	**1.2543**	**$177.66**	**$176.25**	**$212.00**	**$230.20**
Well visit or STI screen	**0.6968**	**$98.69**	**$97.91**	**$117.77**	**$127.28**
Increase Reimbursement:		**80%**			
Most contraceptives are reimbursed IN ADDITION to the APG 875					

Family Planning Indicators

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- Include a family planning indicator on a family planning claim including telehealth when Z30- is primary diagnosis:
  - 837i / UB: "A4" condition code
  - 837p / 1500/ ePACES (Professional, Ordered Ambulatory): "Y" in FP visit indicator field (Box 24H)
- Required on telehealth claims during COVID-19 for FP

- Allows NYS to receive 90% federal match on FP
  - Include on telehealth claims during COVID-19
  - Missing FP Indicators subject you to payment take back under audit

- Common site review findings: Often missing from PPS, APG, OA and Professional claims

Lab Tests / Ultrasounds

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- All labs must be included on APG claim regardless of whether they were POCT's (i.e. UPT, HIV rapid tests) or tests that are sent to an outside lab (i.e. GC/ CT)
- Report Ultrasounds on claim
  - Hospitals are responsible to pay outside labs
  - D&TCs should include a modifier U6 with any lab /radiology you are seeking payment for (POCT / send out if paying outside lab)

- Common site findings: lost revenue
  - Inconsistent lab reporting especially send-out
  - Inconsistent U6

Modifier U6 – Pay Me!

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- Monitor line level payments for U6 and payment

Test (In-house / Send-out)	CPT	No U6	With U6
UPT	81025	$0.00	$3.19
HIV 1-2, Antibody, single assay	86703	$0.00	$15.44
HIV antigen w/ HIV antibodies	87806	$0.00	$18.49
Hemoglobin	85018	($11.06)	$0.00
Urine Dipstick w/o scope	81002	($10.54)	$0.00
Urinalysis (not by culture/dipstick)	81005	($10.54)	$0.00
Wet Mount	87210	$0.00	$9.66
Chlamydia Culture, swab	87110	($10.21)	$0.00
Gonorrhea	87591	$0.00	$38.29
Chlamydia Probe, (swab or urine)	87491	$0.00	$19.14
RPR (VDRL) - Syphilis	86592	($10.46)	$0.00
Pap smear - Cytopath, c/v, thin layer	88142	$0.00	$28.93

LARC Devices: Separately Reimbursed

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- IUD and Nexplanon devices are billed to a separate OA claim at cost for BOTH PPS and APG billing

CLAIM 1
Clinic visit including contraceptive counseling and LARC insertion: Bill PPS /APG claim

CLAIM 2
LARC device: Bill as on a separate Ordered Ambulatory (OA) fee claim

LARC Devices Billed at Cost

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- Bill actual acquisition cost by invoice to the Ordered Ambulatory claim
  - Report BOTH the NDC and UD modifier for drugs and contraceptives purchased under 340B (federal discount) pricing *(2019 change)*
  - If contraceptives are not purchased under 340B pricing, report only NDC
    - If claim has neither the NDC nor the UD modifier, it will deny
  - Actual invoice is not required with claim but must be maintained by provider for 6 years for audit purposes

LARC Device Codes

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LARC DEVICE – bill to separate claim**			
IUD Kyleena	J7296	Z30.430 IUD Insertion	50419-0424-01 50419-0424-08 50419-0424-71
IUD Liletta	J7297		00023-5858-01 52544-0035-54
IUD Mirena	J7298		50419-0423-01 50419-0423-08
IUD ParaGard	J7300		51285-0204-08 59365-5128-01
IUD Skyla	J7301		50419-0422-01 50419-0422-08 50419-0422-71
Implant - Nexplanon	J7307	Z30.017 Implant insertion	00052-4330-01

	Pays in addition to E/M?	CPT	APG Weight	UP D&TC	DS D&TC	UP Hosp	DS Hosp
Nexplanon Insertion or removal	No	11981 or 11982	1.7565	$248.79	$296.88	$246.82	$322.37
Nexplanon reinsertion	No	11983	3.3245	$470.88	$561.91	$467.16	$610.15
IUD Insertion or removal	Yes	58300 or 58301	0.9902	$140.25	$167.36	$139.14	$181.73
IUD reinsertion	Yes	58301 -59, 58300	0.9902 2nd at 50%	$210.38	$251.05	$208.71	$272.60

Full Reimbursement

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- When billing other TPPs with contractual rates for contraceptives and other services, ensure charge on claim is set at or above expected rate not your cost to ensure you don't miss out on revenue
  - 340B cost Nexplanon: $399
  - Plan A Contractual rate: $900
  - Charge on claim: $399
  - Missed revenue: $501

LARCs

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- Common Site Review Findings:
  - LARC devices often go unbilled or unpaid
  - Included on APG claim in error
  - Charge is not set to acquisition cost properly and the high charge amount causes denials for "excessive charges"
  - Charge is not set to highest contractual amount for other TPP and underpaid
  - Correct HCPCS supply codes are not loaded in system
  - Family planning codes are missing from pediatric templates and encounter forms and not billed
  - No one is monitoring – loss of revenue!

Depo Provera

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- Common Site Review Findings:
  - Confusion on billing initial and refill visits
  - Depo units and cost incorrectly billed resulting in mis-payments
    - 1 unit billed = $0.32 payment received

CONTRACEPTIVE	HCPCS CODES	CLAIM TYPE	REIMBURSEMENT
Depo Provera	J1050 (per 1 mg)	APG initial / OA refill	Acquisition cost per unit; Report 150 units; 1) Bill APG claim for initial prescription with E/M as applicable, 96372 ($13.23) and Depo at cost per unit; 2) Bill OA claim if refill is administered by registered RN /LPN or in the absence of an E/M; 96372 ($13.23) and Depo at cost per unit

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APG Expected Payment – DEPO Initial						
	CODE	UP D&TC (non-contract)	UP D&TC	UP Hospital	DS D&TC	DS Hospital
Claim 1 – APG: E/M – PDX: Z30.013	99213-25	$177.66	$177.66	$176.25	$212.00	$230.20
Depo – report 104/150 units x cost per unit	J1050-UD	$48.00	$48.00	$48.00	$48.00	$48.00
UPT	81025-U6	$3.19	$3.19	$3.19	$3.19	$3.19
Gonorrhea	87591-U6	$0.00	$38.29	$38.29	$38.29	$38.29
Chlamydia	87491-U6	$0.00	$19.14	$19.14	$19.14	$19.14
Estimated Facility Capital		$10.00	$10.00	$10.00	$10.00	$10.00
Claim 2 Professional: (if service provided by MD/DO only in hospital) 99203		n/a	n/a	$33.70	n/a	$33.70
EXPECTED PAYMENT:		$238.85	$296.28	$328.57	$330.62	$382.52

PPS Billing: DEPO is included in the PPS threshold rate

APG Expected Payment – Depo Refill (No E/M)			
ORDERED AMBULATORY CLAIM – Z30.42 PDX	**CODE**	**CHARGE**	**PYMT.**
Depo Provera 1 mg – 150/104 units (I unit = 1 mg)	**J1050-UD**	**Cost Per Unit $0.32 cap**	**$48.00**
Injection	**96372**	**$13.23**	**$13.23**
		EXPECTED PAYMENT:	**$61.23**

- **Bill Depo refills to OA claim in the absence of a separate and distinct E/M from the injection**
- **PPS billing – do not bill OA for Depo**

Other Contraceptives

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CONTRACEPTIVE	HCPCS CODES	CLAIM TYPE	REIMBURSEMENT
Oral Contraceptive Pill	S4993	APG	Acquisition cost up to $6.00 per unit; Bill initial 3 units only; refills are not billable under APGs
Emergency contraception (EC)	S4993	APG	Acquisition cost up to $6.00 per unit; Report up to 3 units; NYS Medicaid Note: Both prescription only and OTC emergency contraception is ***limited to 6 courses of therapy in a 12-month period***
Rings Patch	J7303 J7304	APG	By APG weight; APG payment discounted by 25% when purchased through 340B and billed with UD modifier; Report 1 unit

APG Expected Payment – OCP Initial						
	CODE	UP D&TC (non-contract)	UP D&TC	UP Hospital	DS D&TC	DS Hospital
Claim 1 – APG: E/M – Z30.011 PDX	99203	$177.66	$177.66	$176.25	$212.00	$230.20
OCP – initial Cost (3 units x $6.00 ea 340B)	S4993-UD	$18.00	$18.00	$18.00	$18.00	$18.00
UPT	81025-U6	$3.19	$3.19	$3.19	$3.19	$3.19
Gonorrhea	87591-U6	$0.00	$38.29	$38.29	$38.29	$38.29
Chlamydia	87491-U6	$0.00	$19.14	$1914	$19.14	$19.14
Estimated Facility Capital		$10.00	$10.00	$10.00	$10.00	$10.00
Claim 2 Professional: (if service provided by MD/DO only in hospital) 99203		n/a	n/a	$33.70	n/a	$33.70
EXPECTED PAYMENT:		$208.85	$266.28	$298.57	$300.62	$352.52

PPS Billing: OCP is included in the PPS threshold rate

APG Expected Payment – OCP Refill					
	CODE	UP D&TC	UP Hospital	DS D&TC	DS Hospital
Claim 1 – APG: E/M Z30.41 PDX	99213	$177.66	$176.25	$212.00	$230.20
Estimated Facility Capital		$10.00	$10.00	$10.00	$10.00
Claim 2 Professional: (if service provided by MD/DO only in hospital) 99213		n/a	$21.54	n/a	$21.54
EXPECTED PAYMENT:		$187.66	$207.79	$222.00	$261.74

APGS: NY Medicaid does not currently pay for refills of OCP

PPS Billing: OCP is included in the PPS threshold rate

Emergency Contraception

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- Both prescription only and OTC EC are limited to 6 courses of therapy in a 12-month period
- See NYS Medicaid Update January 2018

- Z30.012 Encounter for EC is applicable to persons capable of pregnancy only
  - Medicaid counseling visit (E/M) for a person not capable of pregnancy coded w Z30.012 will not pay
  - Medicaid will not reimburse for EC dispensed to partners of patients
  - If you are counseling a patient not capable of pregnancy on avoiding pregnancy, safe sex, emergency contraception etc. you could select Z30.09 Family Planning Advice for the counseling visit

APG Expected Payment – EC					
	CODE	UP D&TC	UP Hospital	DS D&TC	DS Hospital
Claim 1 – APG: E/M Z30.012:PDX	99213	$177.66	$176.25	$212.00	$230.20
EC – 2 units (340B) Up to 3 units can be billed	S4993 – UD	$12.00	$12.00	$12.00	$12.00
Estimated Facility Capital		$10.00	$10.00	$10.00	$10.00
Claim 2 Professional: (if service provided by MD/DO only in hospital) 99213		n/a	$21.54	n/a	$21.54
EXPECTED PAYMENT:		$198.41	$218.36	$234.83	$275.67

PPS Billing: EC is included in the PPS threshold rate

APG Expected Payment – Ring or Patch					
	CODE	UP D&TC	UP Hospital	DS D&TC	DS Hospital
Claim 1 – APG: E/M PDX:Z30-	99213	$177.66	$176.25	$212.00	$230.20
Ring Patch	J7303 – UD J7304 - UD	$67.64	$67.64	$67.64	$67.64
Estimated Facility Capital		$110.00	$10.00	$10.00	$10.00
Claim 2 Professional: (if service provided by MD/DO only in hospital) 99213		n/a	$21.54	n/a	$21.54
EXPECTED PAYMENT:		$355.30	$275.43	$289.64	$329.38

340B UD modifier discounts the payment by 25%

PPS Billing: Rings and patches are included in the PPS threshold rate

Modifiers

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- Common Site Review Findings:
  - Modifiers were not correctly appended to claims including (APG, Professional and OA)
  - Modifier 25 misuse resulted in loss of revenue
  - Confusion over who is responsible for adding modifiers and how (clinical vs billing staff)
  - No one is checking and mis-payments go undetected

- Billers must be trained on modifier use and expected payments In order to recognize line level mis-payments

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Modifier	Description	Examples	APG Application of Modifier
25	Distinct E/M Service with another service on same day by the same clinician	• E/M with Depo injection / vaccine • Counseling E/M with same day LARC insertion or other px • E/M with HIV Counseling • E/M with Smoking Cessation Counseling	Will allow the E/M code to be paid in full when billed with other services avoiding NCCI edit
52	Reduced Services	Failed IUD insertion due to stenosis	50% reduction in payment for procedure (Use only with procedure codes not E/M's)
59	Separate Procedures or Distinct Procedural Service	• Vaginal and vulvar lesion removal • IUD removal and implant insertion	First service will pay at 100% and second will typically discount to 50% payment; Note: 2nd procedure will not pay if missing this modifier when needed.
73	Terminated Procedure	Failed LARC procedure due to patient's safety (student experiencing pain and asks to stop)	50% reduction in payment for procedure (Use only with procedure codes not E/M's)
XE	Separate Encounter	Medical visit with clinical provider (i.e. APG claim ratecode 1450/1453) on the same day as a student sees a mental health provider (i.e. LCSW claim ratecode 3257)	2nd claim received for same day will deny payment without the proper modifier being appended to service (Can also use modifier 25 or XP on the services to override NCCI edit)
U5	Reduced Services	Used to note 8 – 15 minutes of HIV counseling (appended to 99401)	30% reduced in payment for HIV counseling; Note <8 minutes not billable to APGs)
U6	Reimbursable Ancillaries for D&TCs	POCT tests: UPT, HIV Rapid, Urinalysis Send-out Labs: CT/GC, RPR - contracting	Allows payment to a D&TC for rendering an ancillary service in–house, or has a service/payment agreement in place with a separate provider not seeking direct Medicaid reimbursement

Modifier 25

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- Append a Modifier 25 to the E/M code if you are billing an E/M service along with:
  - Same day visit and procedure (counseling and LARC insertion, visit and lesion removal)
    - often missed on professional claims
  - An injection code (96372 for injecting Depo, vaccine admin)
  - Preventive counseling codes (99401-99406) such as HIV counseling
  - Smoking Cessation (99406, 99407)
  - Other services that are separate from the E/M service

- Missing modifier 25 will cause E/M to go unpaid
  - revenue loss for your agency
  - ~$200 family planning visit

Interpreter Services

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- Provided either face-to-face or by language line
- Need for interpreter services must be documented in medical record and provided by a third party trained interpreter
- CPT T1013 – based on documented time as units

	DS Hospital APGs
1 Unit: Includes a minimum of 8 and up to 22 minutes of medical language interpreter services	**$12.63**
2 Units: Includes 23 + minutes…	**$25.26**

Extended Hours Access

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- If you have scheduled clinic hours after 6:00pm, on a weekend day or on a national holiday, bill CPT 99051 in addition to the visit codes
  - Pays supplemental ~$12 per visit
  - Often goes unbilled - Who codes this?

99051 - Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service

FPNTC Resources

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- Resources on family planning coding, billing and revenue management
  - Coding with Ann podcast series and other coding tools
    - https://www.fpntc.org/training-packages/coding
  - Financial and Revenue Cycle Management webinars abd tools
    - https://www.fpntc.org/training-packages/financial-management

- https://www.fpntc.org/training-packages

NYS Medicaid Family Planning FAQ

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- https://www.emedny.org/ProviderManuals/communications/Family_Planing_Services_FAQS_-_3-7-17.pdf

COVID-19 Telehealth Family Planning

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- Screen patients requesting contraceptives that can be self-administered
- Manage adverse effects related to contraceptives
- Provide refills for existing prescriptions
- Counsel patients on risk reduction and other concerns
- Assess other symptoms and ongoing treatments

Modes of Delivery

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- During State of Emergency, NYS is covering both telephonic conversations and audiovisual communication.
- Telemedicine
  - Two-way audiovisual communication (synchronous)
- Telephonic
  - Does not include any visual – audio only

Documentation Tips

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- Include:
  - Mode of telecommunication used to communicate with the patient
  - Location of the patient and provider
  - Names and roles of participating staff
  - Time of the telehealth session (start, finish, total)
  - Verbal consent

NYS: Verbal Consent

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- Document verbal consent
- Confirm the patient's identity and provide patient with basic information about the services that he/she will be receiving via telehealth/telephone.
  - Written consent by the member is not required.
  - Telehealth/telephonic sessions/services shall not be recorded without the member's consent.

New vs. Established Patients

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- Telemedicine/Telephonic services can be provided to new and/or established patients when clinically appropriate during the state of emergency.
- Coding restrictions limiting certain telehealth services to established patients are waived during the state of emergency (FAQ#22)

Locator Codes

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- When the provider is treating from home report the locator code where the face-to-face encounter would normally have occurred (FAQ#38)

Site Terms: COVID-19

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Distant Site

- Where the provider is located while delivering health care services by means of telehealth *including their home*

Originating Site

- Where the patient is located *including their home*.

NYS Updated Guidance

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- NYS has indicated updated guidance will be posted very soon to address the questions providers have on how to bill correctly during COVID-19 surrounding telemedicine:
  - Clarification on how to bill telemedicine when provider/patient are home and payments (APG/PPS vs offsite /other)
  - CPT codes 9944x vs 992xx use
  - POS

Telephonic Billing

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- NYS has created special guidance and ratecodes to bill for telephonic services when audio/visual is not available during COVID-19

Telephonic: Physician, NP, PA…

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Lane 3 Clinic (Non-FQHC)

- "7961" Clinic
- "7962" SBHC

Lane 4 FQHC

- "4012" Clinic
- "4015" SBHC

Managed Care : **Chart Changes in Bold 3/23/2020**

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	Notes:
Lane 3	Offsite Evaluation and Management Services (non-FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic or Other (e.g., amb surg, day program)	Rate Code "7961" for non-SBHC Rate Code "7962" for SBHC	New or established patients.
Lane 4	Offsite Evaluation and Management Services (FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic	Rate Code "4012" **for non-SBHC** **Rate Code "4015" for SBHC**	New or established patients.

Payment is ratecode driven and all-inclusive

Telephonic:

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- Expected payment for medical visits: (Lane 3)
  - ratecodes 7961/7962: ~$70
  - ratecodes 4012/4015: ~70
- Expected payment for visits with LCSW and others (Lane 5):
  - Use ratecodes 7963-7965, 7966-7669 based off recorded time ($12-$37)
- Add 95/GT modifier

APGs: Telemedicine

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- When the practitioner is physically located at the Article 28 distant site, the distant site may bill Medicaid under APGs for the telemedicine (audio/visual) encounter.
- Append modifier ("95" or "GT")

- Claim with APG ratecode (i.e. 1432, 1453)
- CPT 99213 -95
- PDX=Z30.41 OCP refill
- POS = 11 clinic
- A4 or Y family planning indicator

FQHC's

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- Awaiting clarification on FQ telemedicine billing guidance for off-site vs PPS rates
- FQHC's that bill under APGs should follow those rules
- **New:** NYS will continue to pay the existing wrap payment amount for telehealth and telephonic services eligible to be billed under the 4012 rate code (NYS/CHCANYS letter dated April 23, 2020)

Mixed Technology Billing

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- How do I bill if the visit starts on audio/visual and there are connection or other problems and is switched to telephonic (audio only)?
  - DOH response: The visit should be billed as telephonic because problems with connections etc. prevented the full telemedicine service from being provided.

Contraceptive Pick-up

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- DOH response: If the patient has a telemedicine visit and then picks up a contraceptive or emergency contraception at the clinic on the same day, the contraceptive can be billed to the claim

NYS FP Training Center

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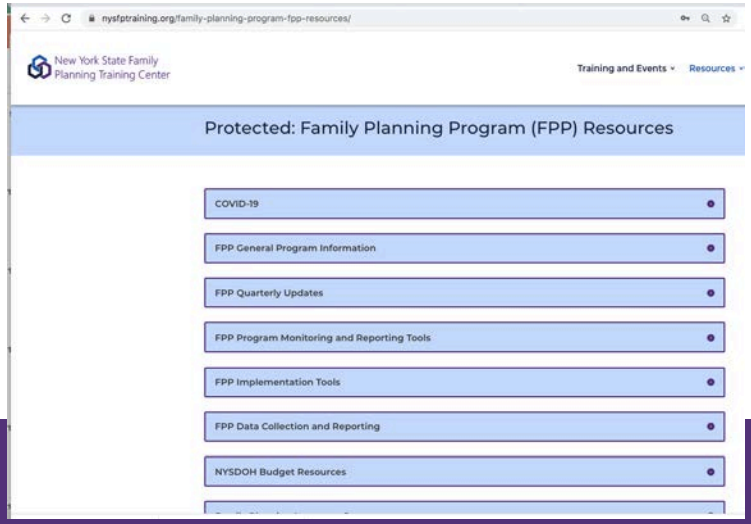
- Correspondence from NYSDOH and the FPBP program is also being compiled, along with other guidance related to COVID-19 in the Family Planning Program https://nysfptraining.org/family-planning-program-fpp-resources/



Resources

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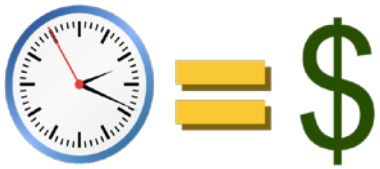
- Family Planning Billing for Telehealth during COVID-19
  - Providers should review the transcript, slides, and recording for information about completing CVRs for telehealth visits provided during COVID-19 public health emergency
  - https://nysfptraining.org/events/family-planning-billing-for-telehealth-during-covid-19/

- Family Planning Benefit Program: Update for FPP Providers Webinar -
  - See slides, recording, and FAQ document from June 12, 2019 to learn more about the FPBP program and answers to common questions about the program
  - https://nysfptraining.org/events/family-planning-benefit-program-update-for-fpp-providers-webinar/

Timely Filing



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- You only have 90 days from DOS to submit initial claim to NYS without a valid delay code
  - Corrected claims outside the 90 days now also require a valid delay code
- All final claims must be submitted within 2 years regardless
  - TPPs may have other time requirements – track this!
  - Submit clean claims the first time to avoid payment delays!

Valid Delay Codes

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- During COVID 19 State of Emergency, MA FFS claims exceeding timely filing can be submitted with delay code 15 without documentation needing to be sent

HIPAA Delay Reasons Codes (90-Day Indicators)

1 Proof of Eligibility Unknown or Unavailable
2 Litigation
3 Authorization Delays
4 Delay in Certifying Provider
5 Delay in Supplying Billing Forms
6 Delay in Delivery of Custom-made Appliances
7 Third Party Processing Delay
8 Delay in Eligibility Determination
9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10 Administrative Delay in the Prior Approval Process
11 Other
15 Natural Disaster

Denials are Costly

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- Denials take place for many reasons
  - Some can be addressed with minimal outlay of time, others take more effort
  - Prioritize easy fixes and expensive LARC devices
- Must have a process for reviewing and resubmitting claims
  - Bucket denials for review w key staff (front desk, coding, billing errors)
- What are the root causes of denials?
- Best practice: 5% denial rate

Claim vs. Line Level Denials

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- Certain services on a PAID claim may not be actually paid
- Missing modifiers often cause line $0 payments
  - Common culprits: 25, 59, U6
- Often missed by billing staff – resulting in a loss of revenue
- Review reason and remark codes on the remittance statement to determine issue

Correcting Claims

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- Adjusting paid claims:
  - Ensure you link the TCN of the prior claim to the adjustment claim you are submitting
  - Use billtype for an adjustment (i.e.737)
  - Resubmit ALL services on the adjustment claim not just the errors or additions
  - Review modifiers
  - Submit changes within timely filing (60 days)
- Verify payments on resubmitted claims

Managing Revenue

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- Monitor "open visits" to ensure timely claims submission?
  - Best practice – charts should be close with 24-48 hours
  - Reports should be shared with clinical staff

- Is there a designated staff person responsible for monitoring revenue, denials, KPI's and trends?

Confidential Visits

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- Don't suppress these visits and not bill them – loss of revenue!
  - NO Explanation of Benefits (EOBs) are sent to the insurance policy holder's home for NYS Medicaid including FPBP / FPEP
- Offer enrollment into FPBP / Good Cause

NYS Medicaid's FPBP and FPEP

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- Extension programs providing coverage for certain family planning services
- Essential to have systems in place to educate patients on such programs and offer screening and enrollment opportunities
  - Enrollment and health aides, front desk staff, clinical staff…

- FPBP – Family Planning Benefit Program (eligible up to 223% of the FPL)
- FPEP - Family Planning Extension Program (Up to 24 months coverage post-pregnancy for certain situations)

FPBP

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- Common Site Review Findings:
  - Opportunity to increase enrollment into the FPBP and seek reimbursement for visits currently unpaid
  - Not all eligible visits and services are being billed to correctly
  - Significant loss of revenue

COVID-19 FPBP

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- Audio recording of patient agreeing to apply for FPBP and their declination to apply for Medicaid will need to be retained by the provider for at least six (6) years, per the NYS Medicaid Document Retention guidance
  - Example of an acceptable notation:
    - "Audio/Video signature obtained from AS, DOB 12/10/1975 by AG on 03/31/2020"
  - Updated resources available to FP providers at: https://nysfptraining.org/family-planning-program-fpp-resources/ (password protected)

Best Practices: Coding

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- Don't underestimated the value of having a certified coder on your team
- Create coding and expected payment cheat sheets / tools
- Perform frequent internal chart audits
- Review remittances related to incorrect codes
- Develop relationships with your payers and question claims
- Provide education and ongoing support
- Communicate with your team

Best Practices: Claims

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- Document, sign and close medical charts for billing within 24-48 hours of the visit
- Quality review before claims are submitted
- Timely submission of clean claims (Best practice 5% denials or better)
- Review remittance statements and payments – including line level payments
- Address denials, resolve root cause and resubmit timely
- Create helpful reports and indicators
- Provide feedback to your clinical and billing teams

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Thank you!

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