

Billing and Coding Essentials for Family Planning Services: Fall Update and Refresher

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Learning Objectives

- By the end of this session, participants will be able to:
- Identify one billing and coding change that will impact 2024 and beyond
 - Describe one billing and coding practice that may support better reimbursement from third-party payers for services provided
 - Describe a strategy that is a best practice to monitor billing and coding for family planning services

Agenda

- Reimbursement Nuggets
 - NYS Visit Payments
 - Checking Coverage – ePACES tool
 - FP Reimbursement Change
 - Telehealth for 2024
- Evaluation and Management Coding Changes
- Other Important Codes
- Q&A

Reimbursement Nuggets



Reimbursement – Coding Matters

NYS Medicaid Article 28/FQHC including FPBP:

- 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
 - LARC devices are separately reimbursed at cost
- Other TPP payers:
 - Per contract – typically by CPT code

Checking Coverage - 2024

- Front desk practices have a direct impact on reimbursement - if staff does not collect / verify the proper information – visit won't get paid – issue with post pandemic staff turn-over
- Important to verify coverage *at every visit* and check uninsured clients for Medicaid / FPBP coverage
- NYS emedny/ePACES implemented a new Medicaid verification system that does not require SSN or CIN.
 - Currently need a clinician's NPI for login
 - People having issues but there have been discussions with the state on correcting issues
 - What is your experience?

NYS Family Planning Indicators

- NYS receives a 90% federal match on family planning (FP) services
- Billers need to include a FP indicator on claim when Primary Diagnosis is Z30- Contraceptive Mgmt:
 - **“A4” FP condition code** (institutional, UB claim format – APG claim)
 - **“Y” FP indicator** (1500/HCFA claim format – LARC, depo, ring)
- Failure to report this on FP claims, may result in \$ take-back under review
- Often missed on FP claims

NYS Family Planning - 2024

- Effective Jan 1, 2024, NYS increased reimbursement 30% for family planning visits **when Z30- is the primary diagnosis under APG billing**
 - FQHC’s are paid their threshold visit rate
 - This includes in-person, A/V and now telephone visits

Primary Diagnosis for E/M Visit	Upstate DTC	NYC DTC	Upstate Hospital	NYC Hospital
Family planning (Z30- contraceptive mgmt.)	\$233 (vs \$179 old rate)	\$278 (vs \$214)	\$246 (vs \$190)	\$322 (vs \$248)
Well visit, STD screen...	\$100	\$119	\$105	\$138

Primary Diagnosis



- Code assigned to the diagnosis, condition, problem, or other reason shown in the documentation to be ***chiefly responsible for services provided at end of visit***
- Sometimes reason client scheduled visit ends up NOT being the primary diagnosis recorded by clinician due to multiple issues treated during one visit
- If 2+ diagnoses/problems are being equally monitored, and treated, and/or evaluated, the diagnoses are considered co-equal and treating clinician may select which diagnosis is sequenced first

TIP: Accurately coding and sequencing Z30- as primary diagnosis may directly impact your reimbursement for family planning visits

Telehealth - 2024

During PHE

- NYS expanded telehealth billing during the COVID PHE to provide greater access to care
- Patients and Clinicians could be anywhere including their homes during a billable visit
- Both new and established patients could receive telehealth visits
- Audio-visual visits were paid the same as in person
- Telephone only encounters were added at special lower rates and required special claim rate codes being added to billing systems
- HIPPA rules were greatly relaxed...

Post PHE - 2024

- New and established patients continue to be billable currently
- Revised billing rules in place impacted by location of patient and provider
- Telephone encounters continue to be reimbursed but increased to same rates as in person and A/V
- Post August 9, 2024, telehealth must all be back in compliance with HIPAA and all other relevant laws and regulations governing confidentiality, privacy, and consent

NYS - Billing by Location Changes

- During the PHE:
 - you could bill for the medical visit regardless of where the provider and patient were located including their homes
- POST PHE - 2024:
 - can still bill the visit if EITHER the provider or the patient is onsite
 - If NEITHER is on-site for the visit:
 - Hospital clinics only bill professional claim for MD/DO but not the APG visit claim
 - D&TC cannot bill for the visit
 - FQHCs can bill for their off-site rate (\$73)
- Clearly document location of all parties in the chart note to support your billing

Common Telehealth Encounters

- Audio-visual medical encounters
- Telephone (audio only) medical encounters
- Virtual check-ins with medical provider
- Virtual patient education
- E-Consults – billable as of April 1, 2024
- Store-and-forward technology
- Remote patient monitoring

- ***Refer to our April 2024 Telehealth Webinar for more information***

Evaluation and Management Coding Updates



Evaluation & Management Codes

The “Office or Medical Visit”



There are 2 types of E/M codes commonly used for family planning office visits:

- Preventive well visit codes (993xx)
- Problem focused codes (992xx)

New vs. Established Patient

Impacts E/M code selection and potential reimbursement dependent on the payer

New Patient: A new patient is one who has NOT received professional services from the physician/ QHCP (e.g., NP, PA, midwife) or another physician/QHCP of the same specialty and subspecialty who belongs to the same group practice, within the *past 3 years*.

Established Patient: inside the 3-year window

Preventive Medicine Visits

- **E/M codes 99381-99397**
 - No changes in 2021
 - Used for periodic health screening visits (well visits, check-ups)
- **Age-specific**
(not based on time)

A periodic health screening visit for a **22-year-old** client **new** to your clinic might be reported as...

AGE	NEW	EST.
5-11 years	99383	99393
12-17 years	99384	99394
18-39 years	99385	99395

Problem-Oriented Visits

- New and established client codes (99202–99205, 99212–99215) no longer require the 3 key components or reference typical face-to-face time.
- Each service still includes “a medically appropriate history and/or exam,” but code selection is now based on:
 - an updated **Medical Decision Making (MDM) level**
OR
 - **Time**, including both face-to-face and non-face-to-face spent in the client’s care on the day of the encounter
 - E/M rules apply to telehealth visits as well

E/M Coding Scenario

Luanne (she/her) had an IUD placed 8 months ago and has had a lot of discomfort since. She presents today to have the IUD removed and wants to start another method.

Luanne is administered a UPT which is negative. She is also screened for CT and GC.

Clinician offers patient-centered counseling on all the methods and Luanne decides to start on Depo Provera today which is successfully administered.

Clinician spends 20 minutes total on the counseling, ordering medications and charting the visit and 15 minutes removing the IUD and administering the Depo

What level E/M code would you choose?

1) Time Method

- Use clinician's **TOTAL cumulative time on the date of the encounter** including all face-to-face and non-face-to-face activities – *this is a big change!*
- EXCLUDES time spent on separately reported services such as a LARC insertion/ removal/ exchange, injections/vaccines or POC testing (UPT, Rapid tests, microscopy etc.)
- EXCLUDES time in activities normally performed by nurses (RN, LPN), MAs or front desk staff



Document this clearly!

What Counts?

Before the visit

- Prepare to see the patient (e.g., review test results)
- Obtain and/or review separately obtained history

During the visit

- Perform medically appropriate exam and/or evaluation
- Counsel and educate the patient/family/caregiver

After the visit

- Document clinical information in the health record
- Ordering medications, contraceptives, labs etc.
- Independently interpret results (not separately²¹ reported) and communicate results to the patient/family/caregiver
- Care coordination (not separately reported)

Luanne: Using Total Time

- Clinician spent 20 minutes viewing history, providing counseling, chart noting and ordering the Depo. She also spent 15 minutes on the IUD removal and administering the Depo.
- Luanne was an established patient.
- What time should we use - 15, 20 or 35 minutes?
- What if Luanne was a new patient?

New	Time	Established	Time
99201	Deleted	99211	No time min
99202	15-29 min	99212	10-19 min
99203	30-44 min	99213	20-29 min
99204	45-59 min	99214	30-39 min
99205	60-74 min	99215	40-54 min

Tips – Documenting Time

Good

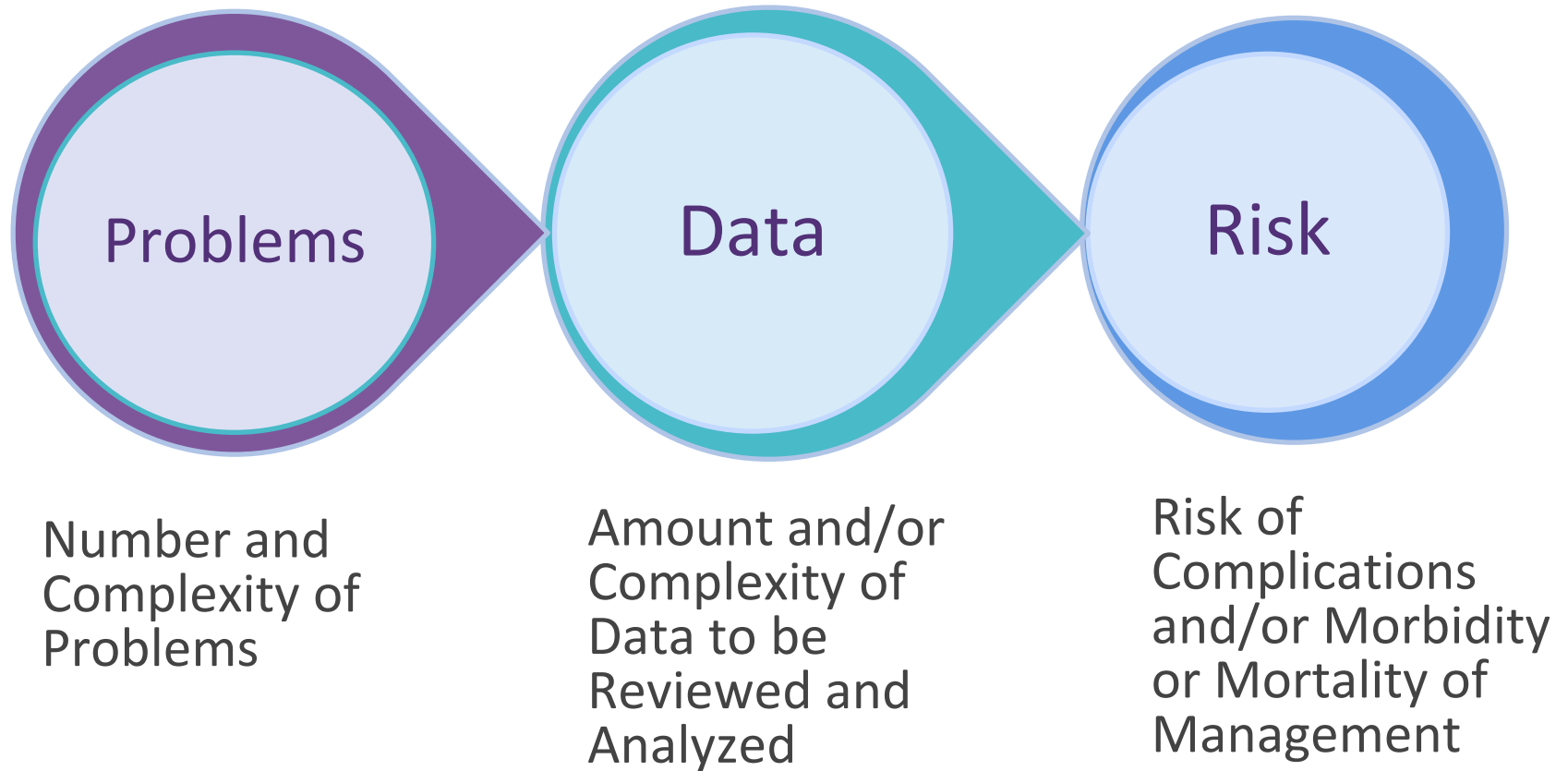
- Clinician spent 20 minutes total on DOS excluding IUD insertion
- I spent 20 minutes total on patient on DOS, excluding RN time and other separately reported services

Bad

- I spent 35 minutes with the patient
- 35 minutes
- 20 minutes face-to-face
- No time documented

TIP: Have RN sign their counseling notes and time separate from clinician

2) Medical Decision Making (MDM) Method



Luanne: Problem

Level	Number and complexity of problems	SRH Example
Minimal	1 self-limited or minor problem	<ul style="list-style-type: none"> • Follow-up, straightforward • Refill of a contraceptive prescription (Rx) • Pre-pregnancy visit • STI counseling visit

Level	Number/complexity of problems	SRH Example
Low	<p>≥2 self-limited or minor problems</p> <p>1 stable chronic illness</p> <p>1 acute, uncomplicated illness or injury (~1 single uncomplicated problem)</p>	<ul style="list-style-type: none"> • ≥ 2 of above problems on same date of service • Follow-up after genital wart treatment • Healthy patient presenting for contraception • New complaint of (c/o) vaginal discharge • IUD, implant, other hormonal contraceptive user with a c/o unscheduled vaginal bleeding

Level	Number and complexity of problems addressed	SRH Example
Moderate	1 or more chronic illnesses with exacerbation, progression, or side effects of treatment	<ul style="list-style-type: none"> • Recurrent vaginitis with new episode(s) • Recurrent genital herpes with new episode(s)
	2 or more stable chronic illnesses	<ul style="list-style-type: none"> • ≥ 2 chronic infections managed on same date of service
	1 undiagnosed new problem with uncertain prognosis	<ul style="list-style-type: none"> • Acute pelvic pain • Solitary breast mass
	1 acute illness with systemic symptoms	<ul style="list-style-type: none"> • Acute PID

Level	Number and complexity of problems addressed	SRH Example
High	1 acute or chronic illness or injury that poses a threat to life or bodily function	<ul style="list-style-type: none"> • Ectopic pregnancy • Hemorrhage from ovarian cyst • Suspected deep vein thrombosis in combined hormonal contraceptive user

Luanne: Data (UPT, GC, CT)

Level	SRH Examples
Minimal	<ul style="list-style-type: none">• No tests ordered, or results reviewed – counseling visit only• No review of external records
Limited	<p>Any combination of 2 from the following:</p> <ul style="list-style-type: none">• Review of note(s) from provider in a distinct group or different specialty• Review of each unique test result ordered by an external provider• Each unique test ordered today (Examples: UPT, GC, CT, CBC, Hgb A1c)• Additional history required from a partner, parent, guardian, caregiver
Moderate (1/3 categories)	<ul style="list-style-type: none">• Category 1: any combination of 3 of the above items (3+ labs including POC)• Category 2: Review of pelvic sonogram or CT images• Category 3:<ul style="list-style-type: none">• Discussion with pathologist about biopsy result• Discussion with radiologist about mammogram result
Extensive (2/3 categories)	<ul style="list-style-type: none">• 2 out of 3 from above

MDM Data Element: Tips

- You can count both send-out (CT/GC/RPR) and in-house tests (UPT, HIV rapid tests) as data
- If you order a test (send-out and in-house POC), it includes review of the result as 1 point, whether you review it today or next week
- “Review of test results” can be counted only for tests that you didn't order
- Each unique “test” has a CPT code; a “panel” counts as 1 unique test

Luanne: Risk of Complications

Level	Risk of Complications and/or Morbidity or Mortality of Patient Management
Minimal	Minimal risk of morbidity from additional diagnostic testing or treatment (e.g., counseling visit, no treatment)
Low	Low risk of morbidity from additional diagnostic testing or treatment (e.g., OTC drug only, venipuncture)
Moderate	Moderate risk of morbidity from testing or treatment. Examples <ul style="list-style-type: none">• Prescription drug / contraceptive management• Decision re: minor surgery with patient or procedure risk factors• Decision re: major surgery without patient or procedure risk factors• Diagnosis or treatment limited by social determinants of health
High	<ul style="list-style-type: none">• Drug therapy requiring intensive monitoring for toxicity• Decision regarding elective major surgery with identified patient or procedure risk factors• Decision regarding emergency major surgery• Decision regarding hospitalization

Luanne: MDM

Level of MDM is based on the highest **2 out of the 3 elements**:

Problems	Data	Risk	E/M Code
Minimal	Minimal or none	Minimal	99202 99212
Low ✓	Limited	Low	99203 99213
Moderate	Moderate ✓	Moderate ✓	99204 99214
High	Extensive	High	99205 99215

Determining the E/M Code

- It is important to remember that one method may not— and will not— fit all visits
- Don't be afraid to code level 4 visits if it fits

	New	Est.
Time Method	99202	99213
MDM Method	99204	99214
Code Billed = >	99204	99214

MDM: Common Visits

Seeking family planning and contraception

- Problem: **1 problem** ☐ low
- Data: UPT and HIV rapid done **2 tests** ☐ low
- Risk: **BC prescription given** ☐ moderate
- Overall level (2/3 elements)=
LOW (99203, 99213)

STI dx and treatment

- Problem – **1 problem** ☐ low
- Data – UPT, CT, GC, RPR done **3+ tests** ☐ moderate
- Risk – **Prescription given** ☐ moderate
- Overall level (2/3 elements)=

MODERATE (99204, 99214)

Asymptomatic patient wanting STI screening

- Problem – **1 self limited/minor problem** ☐ minimal
- Data – CT, GC done **2 tests** ☐ limited
- Risk – **No treatment** ☐ minimal
- Overall level (2/3 elements)=
MINIMAL (99202, 99212)

Office Procedures

- Procedure CPT Codes such as LARC Insertion Include:
 - Brief focused history
 - Checking use of medications and allergies
 - Administration of local anesthesia
 - Performance of procedure
 - Post-operative observation
- Bill only the procedure CPT code when...
 - Counseling provided was in the context of the procedure
 - Other cognitive services given on same day did not require significant history, exam, or MDM

E/M with Same Day Procedures

If clinician and patient discuss a number of contraceptive options, decide on a method, and then a LARC is inserted during same visit, an E/M service may be reported, if separately documented

Use Z30.09 (FP advice) to support contraceptive counseling

If patient presents for scheduled LARC insertion followed by a brief discussion of benefits and risks, an E/M service is NOT be reported since the E/M services are minimal and not separate from procedure

If patient comes in for a procedure and while there says “Oh by the way...” and has a separate issue managed, both the E/M code and procedure may be reported.

Use separate ICD codes to support each service

TIP: Add Modifier 25 to the E/M to indicate it is separate and distinct from the procedure

E/M Coding Strategies

- Calculate E/M codes using both MDM and total time on the date of the encounter – choose the higher code
- Don't double dip and count separately reported services like LARC procedures in your total time
- Document time on all visits – get in the habit
- Don't forget to capture all the services you provide such as microscopy, contraceptives dispensed, other testing and counseling
- Do some analysis of E/M coding across providers and sites to ensure optimal codes are being captured and billed

Other Important Codes



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Procedures

- Be sure to capture the correct codes for any procedures you do such as a LARC insertion or removal
- Finding – Clinicians sometimes forget to code a procedure resulting in lost revenue



Procedure	CPT	Medicaid/FPBP Upstate Hosp	NYC Hosp
Nexplanon Insertion, removal or reinsertion	11981 11982 11983	\$265.51	\$346.77
IUD Insertion or removal	58300 58301	\$161.60	\$161.60
IUD re-insertion	58301-59, 58300	\$323.20	\$323.20
Injection admin (Depo, ceftriaxone)	96372	\$13.36	\$13.36

Contraceptive Supply Codes

CODE	Description
S4993	Oral contraceptive pill, Emergency contraceptive
J1050	DMPA (Depo Provera) 1 mg= 1 unit (i.e., report 150 units)
J7294	Contraceptive yearly vaginal ring (Annovera)
J7295	Contraceptive monthly vaginal ring (NuvaRing) <i>(Note: J7303 is no longer valid for billing)</i>
J7296	Kyleena IUD
J7297	Liletta IUD
J7298	Mirena IUD
J7300	ParaGard IUD
J7301	Skyla IUD
J7304	Contraceptive patch (code unit = 1 for Medicaid, FPBP)
J7307	Nexplanon Implant

Extended Hours Access



- If a visit including telehealth is after 6 pm, on a weekend, or on a national holiday, you can bill for an additional payment along with the E/M visit.
- If telehealth, include appropriate modifier (i.e., 95 A/V, 93 telephone)
- ***Often goes unbilled - Who codes this in your clinic?***

CODE	Desc
99050	Services provided in the office at times OTHER than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.
99051	Services provided in the office DURING regularly scheduled evening, weekend, or holiday office hours, in addition to basic service

Common FP Modifiers

Modifier	Description	Examples	APG Application of Modifier
25	Distinct E/M Service with another service on same day by the same clinician	<ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> ✓ 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: 2 nd 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)	2 nd 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)

Modifier 25

- Add Modifier 25 to 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
- Modifier 25 is only used for E/M codes
- Missing modifier 25 will cause E/M to go unpaid



Modifiers



- Who adds modifiers – billing or clinician?
- Who is reviewing before sending to payer?
- Who is review payments to ensure ALL services are paid

ICD Coding - Be Specific

There are specific ICD diagnosis codes for:

Each method of contraception

When a client starts a new method or returns for a method check or refill

TIP: Avoid over coding Z30.09 General FP advice when dispensing a method and using unspecified codes

Z30- Codes: Contraceptive Mgmt.

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 Depo
	Z30.42	Surveillance / refill of Depo
EC	Z30.012	Prescription of Emergency Contraception (EC)
Patch	Z30.016	Initial prescription of patch
	Z30.45	Surveillance / refill of patch
Ring	Z30.015	Initial prescription of ring
	Z30.44	Surveillance / refill of ring
Other	Z30.018	Initial prescription of other contraception (<i>diaphragm, other barrier</i>)
	Z30.49	Surveillance of other contraception
FABM	Z30.02	Counseling for natural family planning (NFP) to avoid pregnancy (fertility awareness- based methods)
BCM Counseling	Z30.09	General FP Advice (<i>i.e., Counseling on all methods before deciding on a LARC insertion, No method dispensed</i>)

LARC Specific ICD-10 Codes

Method	ICD-10	Description
IUD	Z30.014	Encounter for initial prescription of IUD (<i>Note: not coded for actual insertion</i>)
	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 / Insertion of Nexplanon implant
	Z30.46	Routine checking, removal or reinsertion of Nexplanon
BCM Counseling	Z30.09	General FP Advice (<i>i.e., Counseling on all methods before deciding on a same day LARC insertion</i>)

Q/A Strategies

- If it's not documented – it can't be billed!
- Compliance matters! Code for the services you provide and the reimbursement will follow. If you make a mistake – correct it.
- It takes a team! Billers and clinicians need to communicate and resolve questions before the claim is billed.
- Follow up on payment questions and resolve root causes! Call your payers with specific claim ID and questions
- Discuss as a team – support each other!

Resources – RHNTC.org

- [Coding in the Reproductive Health Care Environment: The Fundamentals of Coding eLearning \(Modules 1-3\)](https://rhntc.org/resources/coding-reproductive-health-care-environment-fundamentals-coding-elearning-module-1)

<https://rhntc.org/resources/coding-reproductive-health-care-environment-fundamentals-coding-elearning-module-1>

- [Elements of Medical Decision Making During Family Planning Visits Job Aid](https://rhntc.org/resources/elements-medical-decision-making-during-family-planning-visits-job-aid)

<https://rhntc.org/resources/elements-medical-decision-making-during-family-planning-visits-job-aid>

- [Evaluation and Management Codes Job Aid](https://rhntc.org/resources/evaluation-and-management-codes-job-aid)

<https://rhntc.org/resources/evaluation-and-management-codes-job-aid>

- [Coding Modifiers for Contraceptive Services](https://rhntc.org/resources/evaluation-and-management-codes-job-aid)

<https://rhntc.org/resources/evaluation-and-management-codes-job-aid>

- [Commonly Used CPT and HCPCS Codes in Reproductive Health Care Job Aid](https://rhntc.org/resources/commonly-used-cpt-and-hcpcs-codes-reproductive-health-care-job-aid)

<https://rhntc.org/resources/commonly-used-cpt-and-hcpcs-codes-reproductive-health-care-job-aid>

- [ICD-10 Codes for Family Planning Services Job Aid](https://rhntc.org/resources/icd-10-codes-family-planning-services-job-aid)

<https://rhntc.org/resources/icd-10-codes-family-planning-services-job-aid>

Resources – NYS Medicaid

- eMedNY

<https://www.emedny.org>

- Edit/Error Knowledge Base (EEKB) Search Tool

https://www.emedny.org/hipaa/5010/edit_error/index.aspx

- Ambulatory Patient Groups (APGs)

https://www.health.ny.gov/health_care/medicaid/rates/apg/

- APG Provider Manual

https://www.health.ny.gov/health_care/medicaid/rates/manual/

- Medicaid Fee-for-Service Comprehensive Guidance for New York State FQHCs and Rural Health Clinics

https://www.health.ny.gov/health_care/medicaid/program/update/2024/no03_2024-03.htm#FFS

- NYS Telehealth Policy Manual (May 2024)

https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/docs/provider_manual.pdf

Questions



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Thank you!

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