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## Section 10 - Family Planning

### **SECTION 10-FAMILY PLANNING**

#### **10.1 FAMILY PLANNING SERVICES**

Family planning is defined as any medically approved diagnosis, treatment, counseling, drug, supply, or device prescribed or furnished by a provider to individuals of child-bearing age to enable such individuals to freely determine the number and spacing of their children.

It is important to correctly identify family planning services by both diagnosis and procedure code, since the federal financial participation rate of the payment for these procedures is 90% (rather than the normal rate of approximately 60%). The remaining percentage is funded by state general revenue.

Family planning services for which the higher federal financial participation rate is available are elective sterilizations and birth control products including drugs, Norplant System, IUDs, and diaphragms.

Providers *must* mark the family planning field whenever a procedure or service is performed that relates to family planning.

- Professional Claim Form: Mark Field #24H “FP” if the service relates to family planning. This goes in the white section of the field.
- UB-04: Code A4 should be entered in Fields #18-24 of the UB-04 if any part of the claim (inpatient or outpatient service) relates to family planning. The occurrence code (C1 or C3) *must* be in Field #18, followed by A4, if appropriate, in Fields #19-24.
- All family planning services *must* have diagnosis V25-V25.9.

#### **10.2 COVERED SERVICES**

A physician may charge the appropriate Evaluation and Management (E/M) procedure code that includes one or more of the following services: obtaining a medical history, pelvic examination, breast examination, and the preparation of smears, for example, a Pap smear, bacterial smear.

NOTE: MO HealthNet payment for screening and interpretation of a Pap smear can only be made to a clinic or certified independent laboratory employing an approved pathologist (cytologist) or to an individual pathologist (cytologist). All providers of laboratory services *must* have a Clinical Laboratory Improvements Act (CLIA) certificate.

Section 10 - Family Planning**10.2.A INTRAUTERINE DEVICE (IUD)**

- The fee for procedure code 58300, insertion of an IUD, includes the physician's fee for insertion of the IUD.
- Procedure code J7300, medical/surgical supply (IUD/diaphragm), should be billed for purchase of the IUD. Because of the variation in types and cost of IUDs, this procedure is manually priced. A copy of the invoice indicating type and cost of the IUD *must* be attached to the claim for payment.
- Procedure code 58301, removal of IUD, is a non-allowed procedure. The appropriate Evaluation and Management (E/M) procedure code may be billed.

**10.2.B ORAL CONTRACEPTION (BIRTH CONTROL PILL)**

Prescribed oral contraceptives may be reimbursed by MO HealthNet through the Pharmacy Program.

**10.2.C DIAPHRAGMS OR CERVICAL CAPS**

The fitting of a diaphragm or cervical cap is included in the fee for an Evaluation and Management (E/M) procedure code. The cost of the cervical cap may be billed using supply code A4261. The cost of the diaphragms may be billed using supply code A4266. An invoice indicating the type and cost of the diaphragm or cervical cap *must* be attached to the claim for manual pricing.

**10.2.D NORPLANT SYSTEM**

MO HealthNet covers the Norplant System.

The following procedure codes are for insertion only, removal only, or removal with reinsertion only and do *not* include reimbursement for the device.

- |       |  |
|-------|--|
| 11975 | Insertion, implantable contraceptive capsules                |
| 11976 | Removal, implantable contraceptive capsules                  |
| 11977 | Removal with reinsertion, implantable contraceptive capsules |

The Evaluation and Management (E/M) procedure code may *not* be billed in addition to any of the Norplant procedure codes, as it is included in the reimbursement for insertion or removal.

**ALL PROVIDERS EXCEPT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND HOSPITALS (OUTPATIENT SERVICES) *MUST* BILL THE NORPLANT DEVICE**



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ON THE PHARMACY CLAIM FORM USING THE PACKAGE NDC NUMBER. (For inpatient services, the Norplant device is included in ancillary charges.)

FQHCs billing procedures 11975 and 11977 *must* bill procedure code J7306 for the Norplant device.

### **10.2.E STERILIZATIONS**

For family planning purposes, sterilizations shall only be those elective sterilization procedures performed for the purpose of rendering an individual permanently incapable of reproducing and *must* always be reported as family planning services.

#### **10.2.E(1) Consent Form**

The following procedures require that a (Sterilization) Consent Form be completed and submitted:

55250, 58565, 58600, 58605, 58611, 58615, 58670, 58671

The (Sterilization) Consent Form should be completed and submitted separately from a claim to Infocrossing Healthcare Services either by mail or via the Internet. Refer to Section 23. *Any claim for a sterilization procedure performed that does not have a signed, Missouri-approved (Sterilization) Consent Form is denied in accordance with mandated regulations set forth by the Centers for Medicare & Medicaid Services. All fields must be legible.*

For any emergency voluntary sterilization service provided in nonbordering states for which a consent form is required, a consent form approved for use in another state may be accepted, providing it includes all the federally prescribed content and the same required information that the Missouri-approved form contains.

The (Sterilization) Consent Form, as described above, *must* be completed and signed by the participant at least 31 days, but *not* more than 180 days, prior to the date of the sterilization procedure. There *must* be 30 days *between* the date of signing and the surgery date. The day after the signing is considered the first day when counting the 30 days.

The only exceptions to these time requirements are for situations involving premature delivery or emergency abdominal surgery.

- **Premature delivery:** The (Sterilization) Consent Form *must* be completed and signed by the participant at least 72 hours prior to sterilization and at least 30 days prior to the expected date of delivery. Expected date of delivery is required on the (Sterilization) Consent Form. (This also applies

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to consent forms used in lieu of the Missouri-approved (Sterilization) Consent Form for services provided in nonbordering states.)

- **Emergency abdominal surgery:** The (Sterilization) Consent Form *must* be completed and signed by the participant at least 72 hours prior to sterilization. The nature of the emergency abdominal surgery *must* be documented on the (Sterilization) Consent Form. (This also applies to consent forms used in lieu of the Missouri-approved (Sterilization) Consent Form for services provided in nonbordering states.)

### 10.2.E(2) Informed Consent

Informed consent has been given only if the person who obtained consent for the sterilization procedure offered to answer any questions the individual to be sterilized may have had concerning the procedure and if that person provided a copy of the (Sterilization) Consent Form to the individual to be sterilized.

The person obtaining consent has met the informed consent requirement if he/she orally provided all the following information or advice:

- The individual has been advised that he/she is free to withhold or withdraw consent to this procedure at any time before the sterilization. This decision does *not* affect the right to future care or treatment, and it does *not* cause the loss or withdrawal of any federally funded program benefits to which the individual might otherwise be entitled.
- The individual has been given a description of available alternative methods of family planning and birth control.
- The individual has been advised that the sterilization procedure is considered permanent and irreversible.
- The individual has been given a thorough explanation of the specific sterilization procedure to be performed, verbally and *in writing*.
- The individual has been advised of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible side effects of any anesthetic to be used.
- The individual has been given a full description of the benefits or advantages that may be expected as a result of the sterilization.
- The individual has been advised that the sterilization will *not* be performed for at least 30 days after the date the (Sterilization) Consent Form is signed,

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except under the circumstances specified on the form under Premature Delivery or Emergency Abdominal Surgery.

- For blind, deaf, or otherwise handicapped participants, suitable arrangements were made to ensure that all the information in this list was effectively communicated.
- An interpreter was provided if the individual to be sterilized did *not* understand either the language used on the (Sterilization) Consent Form or the language used by the person obtaining consent.
- The individual to be sterilized was permitted to have a witness of his or her choice present when consent was obtained.

*Informed consent for a sterilization procedure may not be obtained from a participant under the following conditions:*

- The participant is in labor or childbirth.
- The participant is seeking to obtain or is obtaining an abortion.
- The participant is under the influence of alcohol or other substances that affect the individual's state of awareness.

*The (Sterilization) Consent Form must be signed and dated by:*

- the individual to be sterilized. (The (Sterilization) Consent Form *must* be signed and dated at the same time. *The form will not be returned to the provider for addition of the participants missing signature or date.*) If either of these requirements is *not* met, the procedure will be denied.
- the interpreter (if one was necessary).
- the person who obtained the consent (on or after the date of the participant signature).
- the physician who performed the sterilization.

All applicable items of the (Sterilization) Consent Form *must* be completely filled out.

The physician's statement on the (Sterilization) Consent Form *must* be signed and dated by the physician who performed the sterilization *on or after the date the sterilization procedure was performed*. The date of the sterilization *must* match the date of service on the claim form.

*The participant must:*



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- be at least 21 years old *at the time consent is obtained. There are no exceptions* (42 CFR 441.253).
- *not* be a mentally incompetent individual or an institutionalized individual (42 CFR 441.251).
- have voluntarily given informed consent, in accordance with mandated regulations set forth by the Centers for Medicare & Medicaid Services and requirements by the Department of Social Services.

### **10.2.E(3) Definitions**

**Mentally Incompetent Individual:** An individual who has been declared mentally incompetent for any purpose by a federal, state, or local court of competent jurisdiction unless the individual has been declared competent for purposes that include the ability to consent to sterilization.

**Institutionalized Individual:**

- An individual who is involuntarily confined or detained under a civil or criminal statute in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness.
- An individual who is confined under a voluntary commitment in a mental hospital or other facility for the care and treatment of mental illness.

## **10.3 SERVICES NOT COVERED UNDER FAMILY PLANNING**

- Condoms and devices or supplies available as nonprescribed, over-the-counter products are *not* covered services.
- Reversal of a sterilization procedure is *not* covered.
- Abortions are *not* to be reported as family planning services.
- Hysterectomies for the purpose of family planning are *not* covered.

**END OF SECTION**

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