

Distribution: Family Planning Clinics 01-03

Issued: April 15, 2001

Subject: New Procedure Codes for Family Planning Clinics

Effective: August 1, 2001

Programs Affected: Medicaid

Effective for services rendered on and after August 1, 2001, the Michigan Department of Community Health (MDCH) is implementing changes in coverage and reimbursement policies, and claim submission requirements for Family Planning Clinics (Provider Type 23). These changes will help align MDCH requirements with those of other major health insurers and are a step toward HIPPA (Health Insurance Portability and Accountability Act of 1996) compliance.

This bulletin contains information about specific changes being implemented for Family Planning Clinic Services. You should also refer to Medicaid bulletin MSA 01-01 on Uniform Billing (revised Chapter IV) Billing and Reimbursement issued January 1, 2001, for additional information regarding claims completion requirements. Copies of all draft and final policy bulletins, the electronic claim transaction set, and other information related to changes being made are available on the DCH website at www.mdch.state.mi.us, click on Medical Services Administration, Information for Medicaid Providers.

In the process of reviewing current coverage and determining the changes to be made in policy and procedures, the federal Medicaid definition of family planning services was adhered. The family planning services are defined as follows:

Family planning services are any medically approved means, including diagnostic evaluation, drugs, supplies, voluntarily preventing or delaying pregnancy. These services can be furnished under the supervision of a physician or dispensed by a pharmacy for individuals of child-bearing age, including minors who can be considered to be sexually active, for purposes of enabling such individuals to voluntarily choose not to risk initial pregnancy or to limit the number and spacing of their children.

Covered services include an office call for a complete exam, drugs, supplies, and devices when such services are provided by, or under the supervision of, a medical doctor, osteopath, or other 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. An exception is condoms and similar supplies which do not require a prescription.

The Procedure Code Appendix (attached) has been updated to reflect the use of Health Care Financing Administration Common Procedure Coding System (HCPCS) and/or Current Procedural Terminology (CPT) standard procedure coding as well as changes in service coverage in the Family Planning Clinic setting. New HCPCS Level III codes have been developed for those family planning contraceptive and pharmaceutical supplies for which no standard codes exist. The Appendix should be used in conjunction with the HCPCS/CPT coding manuals.

CHANGES

The following changes will be effective for services provided on and after August 1, 2001.

- Family Planning Clinics must submit claims on the HCFA 1500 paper form or electronically using the National Electronic Data Interchange Transaction Set Health Care Claim: Professional 837 (ASC X12N 837, version 3051).
- Family Planning Clinic services must be billed using the standard HCPCS/CPT procedure codes included in the Procedure Code Appendix. Contraceptive and pharmaceutical supplies must be billed using the Level III codes in the Appendix.
- International Classification of Diseases (ICD-9-CM) diagnosis codes must be used on all claims and must be coded to the highest level of specificity.
- Appropriate Clinical Laboratory Improvement Amendment (CLIA) certification is required for all labs/clinics seeking Medicaid reimbursement for laboratory tests.
- Any Medicaid provider who renders a service must bill for the service using his/her own provider identification number for the location where service was actually rendered. For example, a Family Planning Clinic may not bill for a lab service (e.g. pap smear) that was actually rendered by another provider. This policy is consistent with that for other Medicaid providers. All Medicaid providers are required to maintain confidentiality of services provided to Medicaid beneficiaries.
- For colposcopy procedures, the Family Planning Clinics are to refer beneficiaries to their primary care provider.

Manual Maintenance

Retain this bulletin for future reference. Replace the current Appendix F with the attached Procedure Code Appendix.

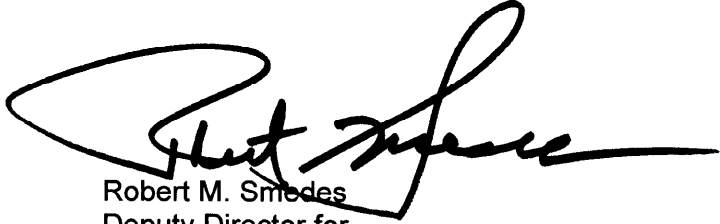
Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProgramSupport@state.mi.us. Providers may phone toll free 1-800-292-2550.

Approved



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Director



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APPENDIX TITLE	PROCEDURE CODES	DATE FPC 01-03 08-01-01

The service procedure codes listed are published by the American Medical Association and are referred to as the Current Procedural Terminology (CPT) codes. The individual procedures covered for Family Planning Clinics are listed under the appropriate CPT category headings. Please refer to the CPT coding manual for code definitions.

The contraceptive and pharmaceutical supplies codes are Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II or Level III codes. The complete definitions for the Level III codes are listed. Please refer to the HCPCS coding manual for Level II code definitions.

EVALUATION & MANAGEMENT

Preventive Medicine Services

99383 99393 99401
 99384 99394 99402
 99385 99395 99429
 99386 99396
 99387 99397

Office or Other Outpatient Services

99211
 99212
 99213

LABORATORY & PATHOLOGY

The following table indicates laboratory and pathology procedures that are covered for Family Planning Clinics, as well as the level of CLIA certification required to perform each procedure.

Waived CLIA Tests	Physician Performed Microscopy Procedures	CLIA Certificate Of Compliance/Accreditation
81002	81000	82948
81003	81001	85660
81025	81015	87081
82465QW		87082
82947QW		87205
84703QW		87207
85013		87210
85014QW		87220
85018QW		86631
87072QW		

Note: Modifier QW designates the procedure as a waived CLIA test.



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SURGERY – INTEGUMENTRY SYSTEM

11975
11976
11977

SURGERY – MALE GENITAL SYSTEM

Vas Deferens

55250

SURGERY – FEMALE GENITAL SYSTEM

Vagina

57170

Corpus Uteri

58300

58301

CONTRACEPTIVE SUPPLIES

Z8500 Oral Contraceptive
Z8505 Preven (emergency contraception)
Z8506 Plan B (emergency contraception)
Z8510 Diaphragm
Z8511 Condoms, male
Z8512 Condoms, female
Z8513 Foam or Jelly or Cream
Z8515 Lunelle injection
X4634 Cost of intrauterine progesterone contraceptive system (Progestasert)

HCPCS Level II Codes

A4260
A4261
J1055
J7300

PHARMACEUTICAL SUPPLIES

Providers are requested to **use generic drugs** when appropriate.
Drugs to be dispensed only for services related to family planning.

Z8090 Flagyl 4 Tabs
Z8091 Flagyl 14 Tabs
Z8092 Floxin 400mg 1 Tab



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Creams

- Z8003 Monistat Cream
- Z8004 Sultrin Cream
- Z8005 Terazol Cream
- Z8006 Nystatin Cream

Antibiotics

- Z8050 Amoxicillin 250 mg 30 Caps
- Z8051 Amoxicillin 250 mg 40 Caps
- Z8052 Amoxicillin 500 mg 40 Caps
- Z8053 Ampicillin 250 mg 40 Caps
- Z8054 Ampicillin 500 mg 28 Caps
- Z8055 Ampicillin 500 mg 7 Tabs
- Z8056 Ampicillin 500 mg 20 Tabs
- Z8057 BAC/SEP 400/80 mg 40 Tabs
- Z8058 BAC/SEP 800/160 mg 28 Tabs
- Z8059 Benemid 500 mg 28 Tabs
- Z8060 Diflucan 150 mg 1 Tab
- Z8061 Erythromycin 250 mg 40 Tabs
- Z8062 Erythromycin 500 mg 28 Tabs
- Z8063 Keflex 250 mg 40 Caps
- Z8064 Keflex 500 mg 28 Caps
- Z8065 Suprax 200 mg 20 Caps
- Z8066 Suprax 400 mg 1 Cap
- Z8067 Suprax 400 mg 10 Caps
- Z8068 Tetracycline 250 mg 40 Caps
- Z8069 Tetracycline 500 mg 28 Caps
- Z8070 TMP-SMZ-DS 28 Tabs
- Z8071 Trimethoprim 100 mg 6 Tabs
- Z8072 Trimethoprim 100 mg 28 Tabs
- Z8073 Trimethoprim 200 mg 28 Tabs
- Z8074 Vibramycin 50 mg 20 Caps
- Z8075 Vibramycin 100 mg 14 Caps
- Z8076 Zithromax 250 mg 6 Caps
- Z8077 Zithromax 1 gm Suspension

Other

- Z8080 Terazol Inserts 3
- Z8081 Terazol Inserts 7
- Z8082 Monistat Inserts 7

HCPCS Level II Code

J0696