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Reimbursement Policy

# Family Planning, Sterilization and Abortion Services

**Policy Number:** 4.115
**Version Number:** 9
**Version Effective Date:** 07/01/2017

## Product Applicability

☐ **All Plan+ Products**

Well Sense Health Plan
☐ New Hampshire Medicaid
☐ NH Health Protection Program

Boston Medical Center HealthNet Plan
☒ MassHealth
☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

The Plan reimburses covered family planning, sterilization and abortion items and services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

For information specific to genetic testing please reference the medical policies: Genetic Testing Guidelines and Pharmacogenetics, OCA 3.727, and Preimplantation Genetic Testing (Preimplantation Genetic Diagnosis and Pregenetic Testing), OCA 3.726.

## Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

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## Provider Reimbursement

### *Abortion Services*

- The Plan provides coverage for abortion services.
- Payment for an abortion service represents full compensation for these services, including the preoperative evaluation and counseling, laboratory and radiology services, surgery, and postoperative care.

### *Family Planning Services*

- The Plan will reimburse for medical services, laboratory services and drugs related to family planning services when provided to an eligible member in a facility licensed as a clinic or a hospital and under the supervision of a physician.
- Family Planning Services also may be provided at freestanding clinics, community health centers, hospital outpatient departments, hospital-licensed health centers or physician offices. Members may self-refer to any network family planning provider.
- Covered family planning services include, but are not limited to, contraceptives, family planning counseling service, follow-up service, genetic counseling, and laboratory services related to family planning.
- A family planning agency will be reimbursed for each type of visit performed. Payment for such visits will include all administrative and operational overhead required of the facility, except for laboratory, supplies, and drugs.

### *Sterilization Services*

- The Plan covers sterilization services only if the member is at least 18 years of age and is mentally competent.
- Reversal of voluntary sterilization is not a covered service.
- Payment for a sterilization service represents full compensation for these services, including the preoperative evaluation and counseling, laboratory and radiology services, surgery, and postoperative care.

### *Medication Reimbursement*

- The Plan will reimburse providers for medications administered as a component of care in a family planning clinic.
- In addition to injectable medications, family planning providers may administer and be paid for prescription medications ordinarily covered only through the pharmacy benefit by attaching modifier FP to the applicable HCPCS code (i.e., J codes). Such medications are limited to those covered drugs that are related to a member's course of treatment by the family planning agency. Any other covered medication required must be filled according to the Plan's pharmacy benefit.
- The Plan will not reimburse for any of the defined visits if the sole purpose is for replenishing a member's supply of contraceptives. When this occurs, the provider will be reimbursed for the contraceptive only.

## Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

### *Modifiers for Abortion and Family Planning Services*

The following HCPCS modifiers are recognized by the Plan for billing abortion and family planning related services.

- FP – Services provided as a part of a Medicaid family planning program
- TF – Intermediate level of care
- TG – Complex/high tech level of care

| Code | Description |
|---|---|
| 11976 | Removal, implantable contraceptive capsules. |
| 11981 | Insertion, non- biodegradable drug delivery implant |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) |
| 55450 | Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral approach |
| 58670 | Laparoscopy, surgical, with fulguration of oviducts (with or without transection) |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (e.g. band, clip or Falope ring) |
| 59820 | Treatment of missed abortion, completed surgically, first trimester (includes physician's charges and clinic services) |
| 59840 | Induced abortion, by dilation and curettage (includes physician's charges and clinic services with either intravenous sedation or general anesthesia; CPA-2 form required) |
| 59840 TF | Induced abortion, by dilation and curettage includes physician's charges and clinic services with either intravenous sedation or general anesthesia; CPA-2 form required) |

| 59840 TG | Induced abortion by dilation and curettage includes physician’s charges and clinic services with either intravenous sedation or general anesthesia and insertion of cervical dilator, e.g., laminaria; CPA-2 form required) |
|---|---|
| 59841 | Induced abortion, by dilation and evacuation (includes physician's charges and clinic services; CPA-2 form required) |
| 59841 TF | Induced abortion, by dilation and evacuation includes physician’s charges and clinic services with either intravenous sedation or general anesthesia; CPA-2 form required) |
| 59841 TG | Induced abortion, by dilation and evacuation includes physician’s charges and clinic services with either intravenous sedation or general anesthesia, and insertion of cervical dilator, e.g., laminaria; CPA-2 form required) |
| 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days, transabdominal approach; single or first gestation |
| 76802 | Each additional gestation, list separately in addition to code 76801 |
| 76805 | Ultrasound, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation) |
| 76810 | Each additional gestation, list in addition to code 76805 |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation |
| 76812 | Each additional gestation, use in addition to code 76811 |
| 76815 | Ultrasound, pregnant uterus, B-scan and/or real time with image documentation; limited (fetal size, heart beat, placental location, fetal position, or emergency in the delivery room) |
| 90649 | Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), three-dose schedule, for intramuscular use. |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use |
| 99201 | Office or other outpatient visit for the evaluation and management of a new patient, level 1 |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, level 2 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, level 3. |

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| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, level 4 |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, level 5 |
| 99211 | Office or other outpatient visit that for the evaluation and management of an established patient, level 1 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, level 2 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, level 3 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, level 4 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, level 5 |
| 99384 | Initial comprehensive preventive medicine evaluation and management of new patient; adolescent (age 12 through 17 years) |
| 99385 | Initial comprehensive preventive medicine evaluation and management of a new patient; 18-39 years |
| 99386 | Initial comprehensive preventive medicine evaluation and management of a new patient; 40-64 years |
| 99394 | Periodic comprehensive preventive medicine reevaluation and management of an established patient; adolescent (age 12 through 17 years) |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an established patient; 18-39 years |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an established patient; 40-64 years |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individual (separate procedure); approximately 30 minutes. (HIV related) |
| A4261 | Cervical cap for contraceptive use |
| A4264 | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system |
| A4266 | Diaphragm for contraceptive use (includes applicator and contraceptive cream or jelly) |

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| A4267 | Contraceptive Supply, condom, male, each |
| A4268 | Contraceptive Supply, condom, female, each |
| A4269 | Contraceptive Supply, spermicide (e.g., foam, gel), each (per tube or package) (includes contraceptive sponges) |
| J2790 | Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.) Use this code for RhoGam, HypRho SD.<br>(When required only, reimbursed at the actual wholesale cost of the serum. A copy of the purchase invoice must be submitted with the claim form) |
| J3490- FP | Unclassified Drugs (service provided as part of a Medicaid family planning program) (may be used by other governmental purchasers of family planning services) |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg |
| J7303 | Contraceptive supply, hormone containing vaginal ring, each. Use this code for Nuvaring Vaginal Ring. |
| J7304 | Contraceptive supply, hormone containing patch, each |
| J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies. Use this code for Implanon. |
| S0190 | Mifepristone, Oral, 200MG |
| S0191 | Misoprostol, Oral, 200MCG |
| S0199 | Medically induced abortion<br>Note: Includes all associated office visits, ultrasounds, labs, anesthesia, and counseling. |
| S4989 | Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies. |
| S4993 | Oral contraceptives (birth control pills) actual cost up to maximum cost of $10.00 per cycle. |
| Q9984 | Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg |

## Policy History

| Original Approval Date | Original Effective Date | Policy Owner | Approved by |
|---|---|---|---|
| 11/01/2006 | 01/01/2012 | Payment Policy | Payment Policy Committee |

**Policy Revisions History**

| Review Date | Summary of Revisions | Revision Effective Date | Approved by |
|---|---|---|---|
| 10/03/2007 | Format revisions and modification of "Responsibilities" to include members, providers, and the Plan. Added Family Planning Counseling code. | 10/03/2007 | Payment Policy Committee |
| 10/10/2011 | Updated formatting; added modifier requirements; removed definitions and responsibility and accountability; updated formatting | 10/10/2011 | Payment Policy Committee |
| 02/02/2012 | Updated coding | 02/02/2012 | Payment Policy Committee |
| 12/02/2013 | Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare | 12/02/2013 | Payment Policy Committee |
| 12/17/2014 | Annual review, updated coding and template. | 01/01/2015 | Payment Policy Committee |
| 12/15/2015 | Updated coding | 01/01/2016 | Payment Policy Committee |
| 12/12/2016 | Updated coding | 01/01/2017 | Payment Policy Committee |
| 06/13/2017 | Added CPT Q9984 to code table | 07/01/2017 | Payment Policy Committee |

## Other Applicable Policies

### *Reimbursement Policies:*

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Inpatient Hospital, 4.112
- Outpatient Hospital, 4.17
- Physician and Non-Physician Practitioner Services, 4.608

### *Medical Policies:*

- Genetic Testing Guidelines and Pharmacogenetics, OCA 3.727
- Preimplantation Genetic Testing (Preimplantation Genetic Diagnosis and Pregenetic Testing), OCA 3.726

## References


- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Evidence of Coverage, Commonwealth Care, Form No. BMCHP-CC-8
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- Evidence of Coverage, CommChoice, Form No. BMCHP CChoice-1
- http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12M
- DHCFP Regulation 114.3 CMR 13.00 – Abortion Clinics
- DHCFP Regulation 114.3 CMR 12.00 – Family Planning Clinics
- MassHealth Regulation 130 CMR 484 and 130 CMR 421, Subchapters 1 through 6
- http://www.mass.gov/Eeohhs2/docs/masshealth/regs_provider/regs_abortionclinic
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage


#### Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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