



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Family Planning Clinics and FQHCs, - **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Male Family Planning Services

EFFECTIVE: For services rendered on or after August 1, 2000

PURPOSE: To announce guidelines for providing adult male-specific family planning services

BACKGROUND: The Division of Medical Assistance and Health Services recognizes the importance of family planning on all levels and has already defined adult female-specific and adolescent-specific (female and male) family planning services. The consequences of poor family planning choices, such as an unplanned pregnancy and sexually transmitted diseases (STDs) (including, but not limited to, HIV/AIDS) affect not only females, but males as well. The Division recognizes the importance of providing adult male-specific family planning services to encourage males to become more educated about family planning decisions, and more actively involved in taking responsibility for those decisions.

In a collaborative effort with the New Jersey Department of Health and Senior Services (DHSS), a definition of adult male-specific family planning services has been developed to meet this need among male Medicaid beneficiaries. Additionally, male Medicaid and NJ KidCare Plans A, B and C beneficiaries under 19 years of age are entitled to receive family planning services under the specified package of family planning services for adolescents. Please refer to Medicaid Newsletters Volume 5, No. 49, dated August 1995 and Volume 6, No. 19, dated May 1996 for further details on the adolescent family planning services package.

ACTION: Effective for claims with dates of service on or after August 1, 2000, family planning clinics and federally qualified health centers (FQHCs) shall only be able to receive reimbursement for providing family planning services to male Medicaid beneficiaries if the guidelines defined in this Newsletter are followed.

These guidelines are intended to promote education, guidance, treatment and preventive care for health issues that are specifically related to the treatment of STDs and/or the reproductive health of men. These services shall also include the instruction and provision of the selected family planning method.

An “informed consent” form shall be explained to, and signed by, each patient prior to any examination and/or treatment.

Counseling may occur on an individual basis or in a group setting and in a variety of formats. These formats include, but are not limited to, group discussions, distribution and discussion of literature, or an instructional/informational video tape with an opportunity for a question and answer session to be led by the provider.

HCPCS	MOD 1	DESCRIPTION	<u>MAXIMUM FEE ALLOWANCE</u>
99201	WF	Initial Visit – Family Planning Services	\$45.00

1. Provision of family planning education and counseling that includes, but is not limited to:
 - Reproductive anatomy and physiology, including instruction on how to complete a genital self-exam;
 - High-risk behaviors and symptoms of STDs;
 - The variety of family planning methods that are available, including, but not limited to, abstinence, condoms and emergency contraceptives;
 - The uses, health risks and benefits associated with each family planning method;
 - Detailed instruction on the appropriate usage of the selected method of family planning; and
 - Discussions of the need to return for follow-up visits on a regularly scheduled basis and as potential problems are recognized by the beneficiary.

2. Interview of beneficiary, including the following:
 - Targeted medical history, including family history;
 - Urological/Genital history; and
 - Reproductive/sexual history.

3. Physical examination, which shall include the following:
 - Blood pressure screening;
 - Height and weight;

- Genital examination, including penis, testes, scrotum, and, as indicated, rectum;
 - Testing, or referral for testing, for HIV/AIDS/STDs if any of the following conditions are present:
 1. Request of the beneficiary
 2. New sexual partner within the last six months
 3. High risk group; under 25 years of age
 4. High index of suspicion
 5. Suspected case of any STD
 6. Suspicious lesion or rash
 - Other laboratory testing, or referral for testing, as indicated;
4. Discussion of additional services available including, but not limited to, further or more specialized physical examinations, based on the individual needs of the beneficiary;
 5. Referral to a physician for all clients exhibiting signs and symptoms outside the scope and/or training of the individual provider;
 6. Discussion of the need to return for follow-up visits on a regularly scheduled basis and as potential problems are recognized by the beneficiary; and
 7. Documentation of all treatment/counseling received in the individual client record.

QUALIFIERS FOR 99201 WF:

- Providers may only bill this procedure code once for each Medicaid fee-for-service beneficiary.
- All components of the service must be rendered in order for providers to receive reimbursement for this procedure code when the services are provided to a male.

99211 WF Follow-Up Visit - Family Planning Services \$23.00

1. Provision of family planning education and counseling that includes, but is not limited to:
 - Reproductive anatomy and physiology, including instruction on how to complete a genital self-exam;
 - High risk behaviors and symptoms of STDs;
 - The variety of family planning methods that are available, including, but not limited to, abstinence, condoms, and emergency contraceptives;
- The uses, health risks, and benefits associated with each different family planning method;

- Detailed instruction on the appropriate usage of the selected method of family planning;
2. The provision of the selected method of family planning, and instructions for use;
 3. Documentation of the visit and any services provided in the individual client record; and
 4. Discussion of additional services/follow-up appointments that are indicated based on specific needs of the beneficiary.

QUALIFIER FOR 99211 WF:

- Providers must provide all components of the service in order to receive reimbursement for this procedure code when the services are provided to a male.

99395 WF Annual Visit - Family Planning Services \$45.00

1. Provision of family planning education and counseling that includes, but is not limited to:
 - Reproductive anatomy and physiology, including instruction on how to complete a genital self-exam;
 - High-risk behaviors and symptoms of STDs;
 - The variety of family planning methods that are available, including, but not limited to, abstinence, condoms, and emergency contraceptives;
 - The uses, health risks, and benefits associated with each different family planning method;
 - Detailed instruction on the appropriate usage of the selected method of family planning; and
 - Discussions on the need to return for follow-up visits on a regularly scheduled basis and as potential problems are recognized by the beneficiary.
2. Interview of beneficiary including the following:
 - Targeted medical history, including family history;
 - Urological/Genital history; and
 - Reproductive/sexual history.
3. Physical examination, which shall include the following:
 - Blood pressure screening;
 - Height and weight;
 - Genital examination, including penis, testes, scrotum, and, as indicated, rectum;

- Testing, or referral for testing, for HIV/AIDS/STDs if any of the following conditions are present:
 1. Request of the beneficiary
 2. New sexual partner within the last six months
 3. High risk group; under 25 years of age
 4. High index of suspicion
 5. Suspected case of any STD
 6. Suspicious lesion or rash
 - Other laboratory testing, or referral for testing, as indicated;
4. Discussion of additional services available, including, but not limited to, further or more specialized physical examinations, based on the individual needs of the beneficiary;
 5. Referral to a physician of all clients exhibiting signs and symptoms outside the scope and/or training of the individual provider;
 6. Discussion of the need to return for follow-up visits on a regularly scheduled basis and as potential problems are recognized by the beneficiary; and
 7. Documentation of all treatment/counseling provided shall be entered in the individual client record.

QUALIFIERS FOR 99395 WF:

- Providers may only bill this procedure code once every 12 months for each male Medicaid fee-for-service beneficiary.
- All components of the service must be rendered in order for a provider to receive reimbursement for this procedure code when the services are provided to a male.

For Medicaid and NJ KidCare – Plan A, B, and C beneficiaries enrolled in Health Maintenance Organizations (HMO), the right to choose a provider with respect to family planning continues not to be restricted. Family planning services rendered to a NJ KidCare – Plan A, B, or C beneficiary by a Medicaid/NJ KidCare participating provider who is not a part of the HMO network will be reimbursed by Medicaid/NJ KidCare on a fee-for-service basis. The provider must meet regular Medicaid/NJ KidCare program requirements for family planning services.

In order to identify a claim as a **family planning service**, the New Jersey Medicaid program requires that the **family planning indicator field** be completed.

1. For providers that bill on the HCFA 1500 claim form, **ITEM 24H must be completed with the correct value code**, either:
 - a) “2” for Family Planning Services; or

- b) "3" for Family Planning Services when part of EPSDT.
2. For providers that bill on the UB-92 claim form, the **CONDITION CODE A-4 in FORM LOCATOR 24-30** must be indicated.

If you have any questions concerning this Newsletter, please contact the Division of Medical Assistance and Health Services, Office of Health Service Administration, at (609) 588-2721.

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