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TO: Family Planning Clinics and Federally Qualified Health Centers

SUBJECT: Adolescent Family Planning Services

EFFECTIVE: For services provided on or after July 1, 1995

PURPOSE: To announce the implementation of:

1. New adolescent family planning services; and
2. Two new HCPCS procedure codes (Y7633 and Y7634) for use by Family Planning Clinics and Federally Qualified Health Centers (FQHCs) in order to receive reimbursement for these services.

BACKGROUND: Health problems, such as unintended pregnancy, sexually transmitted diseases (STDs), eating disorders, alcohol and drug use, violence, and suicide are faced by an increasing number of adolescents from all sectors of society. In recognition of these problems, the Division of Medical Assistance and Health Services, in consultation with the Department of Health (DOH), has developed a clearly defined and separately reimbursed package of family planning services for Medicaid recipients under the age of 21 years. This service package is intended to reduce the number of adolescent pregnancies; to lengthen the intraconception span by delaying subsequent pregnancies; to diminish risk-taking behaviors; and to improve adolescent health outcomes.

ACTION: Effective for services provided on or after July 1, 1995 to Medicaid recipients under 21 years of age, family planning clinics and Federally Qualified Health Centers (FQHCs) will be able to bill and receive reimbursement for two additional HCPCS (Y7633 WF and Y7634 WF) provided the services meet all the requirements in the procedure code descriptions and the qualifiers outlined below.

<u>HCPCS MOD</u>	<u>DESCRIPTION</u>	<u>MAXIMUM</u>	<u>FEE</u>
<u>ALLOWANCE</u>			

Y7633 WF	Adolescent Family Planning Services (Initial or Annual)		\$50
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1. Provide risk behavior assessment;
2. Provide contraceptive education and counseling, including information on:
 - a. Reproductive anatomy;
 - b. Sex education (confronting myths and misinformation, as appropriate);
 - c. Selection of the method of family planning;
 - d. Selection of the method for the prevention of STD; and
 - e. Planning for contraception failure and emergency contraception including how to access services for these problems.
3. Provide health education and counseling. At a minimum, the family planning clinic or FQHC must provide education and counseling on:
 - a. Healthy life styles, including information on nutrition, weight control, prevention of eating disorders, and physical fitness;
 - b. Self esteem, including developing relationships, reinforcing abstinence, and successful use of contraceptive method;
 - c. Risk behaviors, including unprotected sex, drug and alcohol use, smoking, HIV, STDs, and other risks identified through assessment, including violence and suicide, and anger management; and
 - d. Protection against injuries (including automobile seat belt and bike helmet use) and the identification of,

and protection against, sexual abuse and domestic violence;

- e. Parental involvement strategies; and
 - f. Options counseling for all positive pregnancy tests, if applicable.
4. Provide care management activities, including:
- a. Development of a plan for the selected and alternative methods for pregnancy and STD prevention. This plan is to be reviewed at every visit. (Adolescents will learn how to call with questions/problems or emergencies);
 - b. Referral and follow-up for identified medical, mental health, and other health related problems; and, as appropriate, assist in reducing barriers to the access of care;
 - c. Providing, as appropriate and indicated, services to assist in accessing health care services, such as flexible clinic schedules, weekend hours, and information on the availability of transportation; and
 - d. Appropriate follow-up on broken appointments in accordance with established protocols.

QUALIFIERS: Providers may only bill this procedure code once every twelve months for each Medicaid recipient who is under 21 years of age (male or female).

Providers may bill this procedure code in addition to the annual visit or the initial family planning clinic visit.

Providers must provide all components of the service in order receive reimbursement for this procedure code.

<u>HCPCS MOD</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
Y7634 WF	Adolescent Family Planning Services (Follow-up Visit)	\$25
	1. Update risk behavior assessment;	
	2. Provide follow-up contraceptive education and counseling, including:	
	a) Reviewing information on reproductive anatomy;	
	b) Continued sex education and follow-up discussion confronting myths and misinformation;	

- c) Continued follow-up discussion of methods for prevention of STD; and
 - d) Reinforcement of contraceptive failure planning.
3. Provide continuing health education and counseling including
- a) Reinforcement of education on healthy life style;
 - b) Reinforcement of education on self esteem;
 - c) Reinforcement of education on risk behaviors;
 - d) Reinforcement of education on self protection;
 - e) Continued parental involvement strategies; and
 - f) Options counseling for all positive pregnancy tests, if applicable.
4. Provide continued care management activities including:
- a) Reviewing plan for contraceptive use with adolescent and modifying as needed;
 - b) Follow-up on previously identified medical and/or mental health problems;
 - c) Referral and follow-up of newly identified medical and/or mental health problems;
 - d) Continued assistance in reducing the barriers to accessing health care services; and
 - e) Follow-up on broken appointments.

QUALIFIERS: Providers may bill this procedure code in conjunction with a family planning clinic follow-up visit for each Medicaid recipient who is under the age of 21 (male or female).

Providers must provide all components of the service in order to bill and receive reimbursement for this procedure code.

ADDITIONAL REQUIREMENTS FOR BOTH OF THE HCPCS:

In addition to meeting all the requirements for the new HCPCS, providers must also agree to meet current DOH reporting requirements and requirements under development as follows:

1. Provide quarterly reports of the number of pregnancies among adolescent users;
2. When developed by DOH, implement a system of tracking pregnancies among adolescents over time;
3. Provide quarterly reports regarding pregnancy outcomes, including referrals for prenatal care, adoption, or abortion to DOH;
4. Develop and implement a statistical tracking system for the number of adolescents using each FDA birth control method; also a tracking system for STD diagnosis and treatment among adolescents to DOH; and
5. Provide quarterly reports regarding outreach activities for reaching target populations to DOH.

Although family planning clinics or FQHCs cannot bill directly for these services, family planning clinics are also partially reimbursed to do outreach activities, including:

1. Developing a plan that targets early identification of adolescents at risk for unplanned pregnancies; and
2. Implementing a program that maximizes community and school resources to facilitate the delivery of services.

For questions regarding this Newsletter, you may contact Deborah Bradley, Chief of Staff, at 609-588-7282 or contact Celeste Andriot-Wood, New Jersey State Department of Health, at (609)984-1387.

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