

General Principles for Billable Service

- Visit diagnosis must be a V25 code for contraception initiation or management
- Services provided must be directly related to contraceptive method, and:
 - Medically necessary (medical decision-making is required to assess, evaluate and/or treat symptoms or problems related to contraceptive method)
 - Clinically indicated through protocols or standing orders (counseling visits, method re-checks, certain tests)
- Document in detail any unusual circumstances of medical necessity; chart notes must match CVR billing data
- Document and code each reason for a visit, but determine the primary diagnosis based on the questions below and document all services in chart and CVR:
 - What was the patient's reason for the visit?
 - What services were provided during the visit?
 - How much time did each service take during the visit; which took the most?
 - What did they receive (method, method follow-up appointment, or other)?

Examples of Non-Billable Visits

- Client-initiated visits or tests for pregnancy, STIs, or other medical symptoms, or treatment for STIs or other reproductive health conditions, not directly related to contraceptive method use
- Counseling visits for the purpose of behavior modification
 - Provider-initiated visits solely for the purpose of monitoring method use
 - Recurrent counseling provided to reinforce method use
- Counseling provided when client visit is solely for prescription renewal or supply pickup
- Any visit not in response to patient desire for, or problem with, contraception initiation or medical management or where less than 51% of time spent was for contraceptive management
- Services performed by staff outside of their scope of practice

ICD-9 Codes*		HCPCS Codes for Supplies	
V25	Encounter for contraceptive management		
V25.0	General counseling and advice		
V25.01	Prescription of oral contraceptive		
V25.02	Initiation of other contraceptive measures – Fitting of diaphragm – Prescription of foams, creams or other agents	T1015-FP	Visit
V25.03	Emergency contraceptive counseling and prescription	S4993-FP	Contraceptive pills
V25.09	Other — family planning advice	S4993-FP	EC
V25.1	Insertion of intrauterine contraceptive device	J7304-FP	Patch
V25.2	Sterilization (<i>Only FPEP billable for vasectomies after 7-1-07</i>)	J7303-FP	Ring
V25.3	Menstrual Extraction	J7302-FP	Mirena IUD
V25.4	Surveillance of previously prescribed contraceptive methods	J7300-FP	Copper IUD
	– Checking, reinsertion or removal of contraceptive device	J1055-FP	Depo-Provera
	– Repeat prescription for contraceptive method	J3490-FP	Sponge
	– Excludes presence of intrauterine contraceptive device as incidental finding (V45.5)	A4266-FP	Diaphragm
V25.40	Contraceptive surveillance, unspecified (<i>Not recommended for FPEP</i>)	A4269-FP	Spermicide
V25.41	Contraceptive pill	A4267-FP	Condoms – male
V25.42	Intrauterine contraceptive device – Checking, reinsertion or removal of intrauterine device	A4268-FP	Condoms – female
V25.43	Implantable subdermal contraceptive	S0180-FP	Implanon (temporary code)
V25.49	Other contraceptive method (Patch, Ring, Depo)	A4261-FP	Cervical cap
V25.5	Insertion of implantable subdermal contraceptive	Bill at acquisition cost.	
V25.8	Other specified contraceptive management – Postvasectomy sperm count		
V25.9	Unspecified contraceptive management (<i>Not recommended for FPEP</i>)		

* Shaded areas are NOT BILLABLE to FPEP.

FPEP BILLABLE ENCOUNTER CHECKLIST

If 'NO' is checked for any service, document the reason in patient's chart.
 A 'NO' answer does not necessarily indicate a non-billable service;
 it does indicate a medically necessary exception that should be clearly explained.

Yes	No	Visit component	Document ICD-9 & HCPCS codes / Comments
Initial /Annual Visit			
Full visit – face-to-face			
		Primary reason was contraception initiation or method management (start/stop/change/assess method or treat symptoms)	
		Covered contraceptive service and covered V25.XX diagnosis (Used highest level of specificity)	
		Completed family and sexual histories; Assessed overall reproductive health and contraception use/knowledge	
		Performed physical exam, Pap smear (if appropriate)	
		Completed method counseling	
		Completed counseling for method choice	
		Gave supplies (if appropriate)	
Counseling-only visit — initial/annual			
		Primary reason was contraception initiation or medical evaluation and management (start/stop/change method; assess or treat symptoms); One-on-one visit	
		Completed or updated physical; Took family and sexual histories individually with client; Assessed overall reproductive health and contraception use/knowledge	
		Completed counseling on method review and risk reduction	
		Provided method-specific counseling	
		Gave supplies (if appropriate)	
		Offered or scheduled physical exam/delayed Pap	
Follow-up Visits			
		Clinically-indicated method management re-check including exam, review of systems, method review and counseling regarding side effects, proper usage	
		Encounter required exam and medical decision-making to evaluate/treat reported contraceptive problems/symptoms (medically necessary)	
		Devoted more than 51% of visit time to method counseling/coordination of care; Patient requested appointment to continue or change contraceptive method	
		Performed delayed Pap and physical exam (follow-up to initial counseling-only visit)	
Supply-Only Visits			
		Primary purpose to obtain contraceptive refills; Supply-only visits include brief counseling and vitals check for providing prescriptions (NOT billable as counseling visits)	

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