Use of Modifier FP to Change for Family Planning Services

Information posted May 15, 2009

Reminder: Effective for dates of service on or after July 1, 2009, the Women’s Health Program (WHP) and Titles V, XIX, and XX Family Planning will be changing the way modifier FP is used on claims for family planning services. Beginning July 1, 2009, modifier FP must be used only when billing the annual family planning examination. All other family planning services, such as evaluation and management services, laboratory services, and anesthesia services, must omit modifier FP. Claims filed incorrectly may be denied.

The change in the way modifier FP is used updates the information in the 2009 Texas Medicaid Provider Procedures Manual in the following ways:

Revisions to Chapter 5, “Claims Filing”

The following information updates the table in section 5.3.5, “Modifiers,” beginning on page 5-21:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Special Instructions/Notes (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td></td>
</tr>
<tr>
<td>FP+</td>
<td>Use to indicate that the service was an annual family planning examination.</td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
</tr>
<tr>
<td>Note: Modifier FP must be omitted when billing anesthesia for a sterilization procedure. Refer to the appropriate section in the provider manual for instructions for billing family planning services.</td>
<td></td>
</tr>
<tr>
<td>FQHC and RHC</td>
<td></td>
</tr>
<tr>
<td>FP</td>
<td>Use to indicate that the service was an annual family planning examination.</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist (CRNA)</td>
<td></td>
</tr>
<tr>
<td>Note: Modifier FP must be omitted when billing anesthesia for a sterilization procedure. Refer to the appropriate section in the provider manual for instructions for billing family planning services.</td>
<td></td>
</tr>
<tr>
<td>Laboratory/Radiology</td>
<td></td>
</tr>
<tr>
<td>Note: Modifier FP must be omitted with procedure code 99000 for lab handling services related to family planning. Refer to the appropriate section in the provider manual for instructions for billing family planning services.</td>
<td></td>
</tr>
<tr>
<td>+ Modifier is required for accurate claims processing.</td>
<td></td>
</tr>
</tbody>
</table>

Revisions to Chapter 20, “Family Planning Services”

Laboratory Procedures

The following information updates section 20.7.3.2, “Laboratory Procedures—Title XIX Only,” on page 20-9:

If a provider does not perform the laboratory procedure, the provider may be reimbursed one lab handling fee a day, per client, unless multiple specimens are obtained and sent
to different laboratories. Procedure code 99000 with a family planning diagnosis code may be reimbursed for handling and/or conveyance of the specimen for transfer from the provider’s office to a laboratory. Modifier FP must be omitted.

Refer to: Section 20.6, "Diagnosis Codes," on page 20-7, for the complete list of family planning diagnosis codes.

Drugs and Supplies

The following information updates section 20.7.6, “Drugs and Supplies,” on page 20-10, and section 20.7.6.1, “Dispensing Medication,” on page 20-11:

Procedure code A9150 is a benefit for Title V and XX clients only and is reimbursed at a fee of $14.00. Procedure code A9150 may be billed when a nonprescription medication to treat a monilia infection is provided to the client. Modifier FP must be omitted.

Note: For Title XIX, clients are provided a prescription to be filled through the Vendor Drug Program.

Injection Administration

The following information updates section 20.7.6.2, “Injection Administration—Title XIX Only,” on page 20-11:

If billed without procedure code J1055, procedure code 96372 must be billed with a family planning diagnosis code and a description of the medication in the “Remarks” field of the claim. Modifier FP must be omitted.

Refer to: Section 20.6, "Diagnosis Codes," on page 20-7, for the complete list of family planning diagnosis codes.

Family Planning – Hospital/Auspice

The following information updates section 20.7.7.2, “Introduction to Family Planning in Hospital Setting/Auspices—Title V and XX Only,” on page 20-11:

Procedure code S9445 must be billed with a family planning diagnosis code and consists of an overview of family planning benefits to encourage pregnant or postpartum women to use family planning services following delivery. Modifier FP must be omitted.

Refer to: Section 20.6, "Diagnosis Codes," on page 20-7, for the complete list of family planning diagnosis codes.

Education/Counseling

The following information updates section 20.7.7.4, “Method-Specific Education/Counseling—Title V and XX Only,” on page 20-11:

Procedure code 99401 provides information about the contraceptive method chosen for use by the client, including its proper use, the possible side effects and complications, its reliability, and its reversibility. Modifier FP must be omitted when billing this service.

Initial Patient Education

The following information updates section 20.7.7.7, “Initial Patient Education - Title V and XX Only,” on page 20-12:
Procedure code 99429 is provided to facilitate selection of an effective contraceptive method. Modifier FP must be omitted when billing this service.

**Anesthesia for Sterilization – Title XIX Only**

The following information updates section 20.7.8.4, “Anesthesia for Sterilization,” on page 20-13:

The following procedure codes may be reimbursed for anesthesia for sterilization services for Title XIX family planning clients only:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>00851</td>
</tr>
</tbody>
</table>

*Requires a family planning diagnosis code.

Procedure codes 00840, 00920, 00922, 00940, and 00950 may no longer be used to bill anesthesia for sterilization.

**Revisions to Chapter 26 Independent Laboratory**

The following information updates section 26.4.1, “Reference Labs and Lab Handling Fees,” on page 26-4:

Family planning agencies must use procedure code 99000 with a family planning diagnosis code to bill their laboratory handling charges for laboratory specimens sent out. Modifier FP must be omitted. As with the procedure code 99000, only one handling fee may be charged for each laboratory to the agency that sends specimens, regardless of the number of specimens taken.

Refer to: Section 20.6, "Diagnosis Codes," on page 20-7, for the complete list of family planning diagnosis codes.

**Revisions to Chapter 36 Physician**

**Anesthesia for Sterilization**

The following information updates section 36.4.3.1, “Anesthesia for Sterilization,” on page 36-13:

The following procedure codes may be reimbursed for anesthesia for sterilization services:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>00851</td>
</tr>
</tbody>
</table>

*Requires a family planning diagnosis code.

Refer to: Section 20.6, "Diagnosis Codes," on page 20-7, for the complete list of family planning diagnosis codes.

Procedure codes 00840, 00920, 00922, 00940, and 00950 may no longer be used to bill anesthesia for sterilization.

**Family Planning**
The following information updates section 36.4.15, “Family Planning,” on page 36-38:

Physicians, physician assistants (PAs), nurse practitioners (NPs), and certified nurse specialists (CNSs) are encouraged to provide family planning services to Texas Medicaid clients, especially pregnant and postpartum clients. No separate enrollment is required. Providers are reimbursed for family planning services through Texas Medicaid (Title XIX) and not through the Family Planning Program (Titles V, X, and XX).

Refer to: Section 20, "Family Planning," on page 20-1, for more information about the Family Planning Program.

Family planning services are preventive health, medical, counseling, and educational services that help an individual to control fertility and achieve optimal reproductive and general health. Family planning services should be billed with a family planning diagnosis code.

Refer to: Section 20.6, "Diagnosis Codes," on page 20-7, for the complete list of family planning diagnosis codes.

The federal contribution to Texas is enhanced by the use of a family planning diagnosis code, which increases the total amount of funds available for reimbursement.

Revisions to Appendix O Women’s Health Program (WHP)

Laboratory Services

The following information updates section O.4.2.4, “Laboratory Services,” on page O-4:

Procedure code 99000 billed with a WHP family planning diagnosis code may be reimbursed for handling and/or conveyance of the specimen for transfer from the physician’s office to a laboratory. Modifier FP must be omitted to bill this service.

Refer to Section O.4.1, “Diagnosis Codes,” on page O-3, for the complete list of WHP family planning diagnosis codes.

Anesthesia for Sterilization

The following information updates section O.4.3, “Sterilization and Sterilization-Related Procedures,” on page O-5:

Procedure code 00851 is used to report anesthesia services for a sterilization procedure. Modifier FP must be omitted.