

To:
Family Planning
Clinics
Federally Qualified
Health Centers
Nurse
Practitioners
Nurse Midwives
Pharmacies
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Guidelines for Certain Reproductive Health Services

This *Wisconsin Medicaid and BadgerCare Update* provides coverage information about Plan B[®], human papillomavirus vaccine, and Implanon[®] for Wisconsin Medicaid and Family Planning Waiver recipients.

Plan B[®]

Wisconsin Medicaid covers federal legend and over-the-counter Plan B[®] for females who are 12 to 60 years of age. The Family Planning Waiver (FPW) covers Plan B[®] for females who are 15 to 44 years of age. A prescription for Plan B[®] is required for a recipient who meets the age requirements. Over-the-counter drugs require a prescription written by a prescriber to be a covered service pursuant to HFS 107.10(1), Wis. Admin. Code.

Human Papillomavirus Vaccine

The human papillomavirus (HPV) vaccine has been approved by the Food and Drug Administration for administration to females who are nine to 26 years of age.

Wisconsin Medicaid Recipients

The HPV vaccine is covered by the Vaccines for Children (VFC) Program and Wisconsin Medicaid. The Current Procedural Terminology (CPT) procedure code for the HPV vaccine is 90649 (Human Papilloma virus vaccine [HPV], types 6, 11, 16, 18 [quadrivalent], 3 dose schedule, for intramuscular use).

For females who are nine to 18 years of age, providers should use the vaccine received from the VFC Program and submit claims to Wisconsin Medicaid for reimbursement of the administration fee using procedure code 90649. For females 19 to 26 years of age, providers should use vaccine from their private stock and submit claims to Wisconsin Medicaid for reimbursement of the vaccine *and* the administration fee. Procedure code 90649 with modifier “U1” should be indicated on claims for HPV vaccinations for females 19 to 26 years of age. A separate administration fee procedure code should not be indicated on the claim.

Note: The currently approved quadrivalent vaccine protects against HPV genotypes that account for only 70 percent of HPV-related cervical cancer. Therefore, the vaccine is *not* a substitute for cervical cancer screening. Current cervical cytology screening recommendations remain unchanged and should be followed regardless of vaccination status.

Family Planning Waiver Recipients

The FPW does not cover the HPV vaccine. If an FPW recipient requests the vaccine, the provider is required to inform the recipient that the vaccine is not covered by the FPW and that she is responsible for payment before the vaccine is administered. Providers who

administer the vaccine to FPW recipients will *not* receive reimbursement from the FPW for the vaccine or its administration.

Family Planning Waiver providers who participate in the VFC Program may provide the VFC-supplied vaccine to FPW recipients who are nine to 18 years of age who are uninsured or American Indian or Alaska Native, as defined by the Indian Health Services Act. For females 19 to 26 years of age, providers may use the vaccine from their private stock and bill the recipient. For *underinsured* recipients who are nine to 18 years of age, VFC-supplied HPV vaccine must be administered at a federally qualified health center or a rural health clinic for the recipient to receive the vaccine free of charge. Family Planning Waiver recipients must complete the series of vaccinations by their 19th birthday if they are receiving VFC-supplied vaccine.

Currently, the HPV vaccine is available only through VFC Program providers. It will be available to VFC-enrolled family planning clinics in the near future. Providers should continue to check with the VFC Program to determine when family planning clinics may obtain vaccines.

Additional Information

For Advisory Committee on Immunization Practices (ACIP) recommendations about the HPV vaccine, providers may refer to the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/mmwr/preview/mmwrhtml/rr56e312a1.htm.

For additional information about cervical cancer detection and HPV, providers may refer to the following Web sites:

- American Cancer Society early detection guidelines — www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED.
- The American College of Obstetricians and Gynecologists cervical cancer screening guidelines news release — www.acog.org/from_home/publications/press_releases/nr05-04-04-1.cfm/.
- U.S. Preventive Services Task Force cervical cancer screening information — www.ahrq.gov/clinic/uspstf/uspstfscerv.htm.

Implanon®

Wisconsin Medicaid Recipients

Effective for dates of service on and after January 1, 2007, Implanon®, a contraceptive implant, is covered by Wisconsin Medicaid for females who are 12 to 60 years of age.

Providers may submit claims for Implanon® using an appropriate National Drug Code (NDC) and the real time pharmacy Point-of-Sale (POS) claims processing system, or the Noncompound Drug Claim form, HCF 13072 (Rev. 06/03).

Claims for Implanon® may also be submitted on the 1500 Health Insurance Claim Form (dated 08/05) or the 837 Health Care Claim: Professional (837P) transaction. Providers are required to indicate the HealthCare Common Procedure Coding System (HCPCS) procedure code on the 1500 Health Insurance Claim Form or the 837P transaction.

Family Planning Waiver providers who participate in the VFC Program may provide the VFC-supplied vaccine to FPW recipients who are nine to 18 years of age who are uninsured or American Indian or Alaska Native, as defined by the Indian Health Services Act.

Providers should indicate HCPCS procedure code S0180 (Etonogestrel [contraceptive] implant system, including implants and supplies) and the administration code on claims when implanting Implanon®. Appropriate administration codes include the following:

- 11981 (insertion, non-biodegradable drug delivery implant).
- 11982 (removal, non-biodegradable drug delivery implant).
- 11983 (removal with reinsertion, non-biodegradable drug delivery implant).

Family Planning Waiver Recipients

The FPW does not cover Implanon®. Providers may provide Implanon® to FPW recipients; however, if an FPW recipient requests the service, the provider is required to inform her that the service is not covered by the FPW and that she is responsible for payment before the vaccine is administered.

For More Information

Providers may refer to the February 2007 *Wisconsin Medicaid and BadgerCare Update* (2007-24), titled “Changes to Immunization CPT Procedure Codes for the Vaccines for Children Program,” for a list of immunization, laboratory test, and other test procedure codes. For program requirements and allowable procedure codes for FPW services, providers may also refer to the January 2007 *Update* (2007-01), titled “Covered Services and Drugs for the Family Planning Waiver.”

To enroll in the VFC Program, providers may refer to the VFC section of the Medicaid Web site at dhfs.wisconsin.gov/immunization/vfc.htm.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Family Planning Waiver recipients are not eligible for HMO enrollment.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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