

Update January 2013

No. 2013-02

Affected Programs: Family Planning Only Services

To: Family Planning Clinics, Federally Qualified Health Centers, Hospital Providers, Independent Labs, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

New Modifier for Family Planning Only Services

Effective for dates of service on and after January 1, 2013, providers submitting claims for members enrolled in Family Planning Only Services may use modifier FP (Service provided as part of family planning program) with an allowable procedure code to indicate that the service provided was related to family planning if an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code in the V25 range is not appropriate.

Effective for dates of service on and after January 1, 2013, providers submitting claims for members enrolled in Family Planning Only Services may use modifier FP (Service provided as part of family planning program) with an allowable procedure code to indicate that the service provided was related to family planning if an International Classification of Diseases, Ninth Revision, Clinical Modification diagnosis code in the V25 range is not appropriate. If the service provided was related to contraceptive management, providers should continue to use a V25 diagnosis code. Refer to the Procedure Codes topic (topic #2624) and the Diagnosis Codes topic (topic #1929) in the Codes chapter of the Covered and Noncovered Services section of the Family Planning Only Services service area of the ForwardHealth Online Handbook for a list of covered Family Planning Only Services procedure codes and a list of allowable V25 diagnosis codes and their appropriate uses.

Claims for members enrolled in Family Planning Only Services that are submitted without either modifier FP or a V25 diagnosis code on the detail level of the claim will be denied. Providers are reminded that Family Planning Only Services is a limited benefit program that provides routine contraceptive-related services and a limited number of related reproductive health services. Related reproductive health services must be part of the contraceptive management visit or be provided as a follow-up to the contraceptive management visit.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Providers are reminded that members are allowed to receive family planning services outside an HMO's provider network. In such cases, family planning services are reimbursed on a fee-for-service basis. The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

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