

Podcast Transcript

Title: Coding for Fertility Awareness-Based Methods

Speaker Name: Ann Finn

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NCTCFP: Welcome to this podcast sponsored by the National Clinical Training Center for Family Planning and the Family Planning National Training Center. The national training centers are funded through the Office of Population Affairs to provide training to enhance the knowledge of family planning staff. Our guest speaker today is Ann Finn from Ann Finn Consulting LLC. Ann Finn is a healthcare reimbursement consultant and a national trainer with many reproductive Health Care organizations. Welcome, Ann!

AF: Thanks for the introduction and thank you for joining us today for our tenth podcast in our series. Today's talk will focus on Fertility Awareness-Based Methods for Pregnancy Prevention and what codes we would typically use to code and bill for providing counseling on this method.

Let's start with talking about what fertility awareness is.

According to OPA, or the Office of Population Affairs, fertility awareness-based methods, which is also referred to as FABM, help women and couples become more familiar with the signs of ovulation and the pattern of the menstrual cycle to understand how to plan sexual activity and prevent or achieve pregnancy. A woman learns to recognize the specific signs of her fertile days – the days during each month that she is most likely to become pregnant – and either does not have sex during these days, or uses a barrier birth control method like condoms.

Fertility awareness-based methods rely on information about the timing of a woman's menstrual cycle, changes in her cervical fluid, and/or her basal body temperature and the woman will need to observe, track and monitor closely to avoid pregnancy. It is sometimes referred to as Natural Family Planning. There are new apps and products available to help with tracking the menstrual cycle and fertility indicators during each month. There's been a growing increase in individuals wanting to learn more about this method as well as encouragement for Title X providers to provide counseling on this method as part of their broad range of family planning options.

Since this is a counseling-based service, there is no specific procedural code for it. We would use an appropriate office-based Evaluation and Management or E/M CPT code paired with the diagnosis code, Z30.02 that is for Counseling and instruction in natural family planning to avoid pregnancy to justify the counseling.

Let's look at Amy's visit – Amy is 22 years old. She is sexually active but does not want to become pregnant at this point. She presents saying she would prefer to not take hormones and that she is interested in learning about, and using, a fertility awareness-based method. The Nurse Practitioner spends the majority of the encounter providing counseling on fertility awareness for avoiding pregnancy. We have a few options of codes to consider. Typically, we would use an E/M CPT code to capture and bill for the

counseling services provided.

- One option is to select a problem-focused E/M code from the 992- series based on either: 1) the 3 key components which include the patient's level of history documented, exam performed and medical decision making required OR 2) if over 50% of the visit is spent counseling the patient, then we can select the appropriate 992 code based off of time. Let's say Amy is a returning patient and the Nurse Practitioner spent 15 minutes of a 20-minute face-to-face visit counseling her. We could use the E/M code 99213 based on time to bill for the encounter. A vast majority of clinical encounters with patients seeking FABM counseling will meet the 50% counseling threshold for selecting an E/M level, assuming that a physical examination for health screening tests or another complaint is not needed. In our fourth podcast in this 'Coding with Ann' series, we cover using time for E/M coding which I recommend listening to if you haven't already or if you need a refresher.
- If Amy is here for her well check, the counseling would typically be included in the preventive E/M code based on her age such as 99385 if she is a new patient or 99395 if she is considered an established or returning patient to the practice.
- Another option to consider using to report FABM of an individual or a couple is code H1010 for Nonmedical family planning education, per session.
 - Be careful though - not all third-party payers currently accept this code for billing. I recommend contacting the payer ahead of time to determine if this code is billable and what the reimbursement would be. Remember if you code and bill H1010 to reflect the fertility awareness-based counseling, you would not also bill an E/M code for the same service.

There are supplies that may be provided when counseling and starting a patient on FABM such as educational pamphlets, CycleBeads, a basal thermometer, or condoms. You should also contact your third-party payers to determine whether the following codes are reimbursable:

- 99071 - Educational supplies, such as books, tapes, and pamphlets, for the patient's education
- A4931 - Oral thermometer
- T5999 - Supply, not otherwise specified - which may include CycleBeads
- A4267 - Male condoms or A4268 for female condoms

Now that we have the service and supplies taken care of, we need to select the correct ICD-10 diagnosis code to support the medical necessity of the counseling provided. Fertility awareness counseling is pretty straight forward – there are currently 2 codes to consider:

- Amy received counseling to avoid pregnancy so we would use the diagnosis code “Z30.02 Counseling and instruction in natural family planning to avoid pregnancy”.
- If Amy was using a fertility awareness-based method to achieve pregnancy, we would use the diagnosis code “Z31.61 Procreative counseling and advice using natural family planning”
- Remember - you may also need to capture additional diagnosis codes for other

services provided during the encounter such as STD testing, GYN exams, etc. Let's recap – FABM is often based on time to determine the proper E/M code so it's important that providers accurately document and account for time. It's also critical to apply the proper ICD-10 diagnosis code such as Z30.02 for billing and reimbursement purposes.

Finally, I'd like to acknowledge National Family Planning and Reproductive Health Association or NFPRHA and specifically, Amanda Kimber, for sharing coding recommendations on FABM counseling.

NCTCFP: Thank you Ann for this information. For more training information and resources on coding in family planning settings, please visit the Family Planning National Training Center at www.fpntc.org and the National Clinical Training Center for Family Planning at www.ctcfp.org. Thank you.