

Contract Language for Family Planning Services

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Three types of contacts allowed for Title X funds in the KY Family Planning Program

- Personnel contracts for onsite provider at LHD
- Referrals to providers for procedures for methods not provided on site
- Outpatient surgery for sterilizations

Personnel Contracts for ARNP/MD for on site family planning clinical services

- Must include: provider credentials, scope of services, hours of work, payment rate
- Must adhere to: FP guidelines, PHPR, AR, Vol. 1 Sec VII
- No direct billing by contactor to the patient
- Identify: who will carry professional liability (i.e. the contractor or the LHD)

Referring contract MD/ARNP for sterilization, IUD and/or Implanon

- Contractor must bill for services directly to LHD for self pay patients, uninsured or underinsured*
- Contractor shall bill Third Party Payers
- *Underinsured: For patients <250% federal poverty level, if insurance coverage includes high deductible or percent of pay and presents a barrier for the patient, the patient fee shall be based on the federal sliding fee schedule for self pay.

Referring contract MD/ARNP for sterilization, IUD and/or Implanon

- Contract fees should align with current Medicaid rates: DMS Physician fee rates can be found at the following CHFS/DMS link:
<http://chfs.ky.gov/NR/rdonlyres/4FD6F67C-6C97-4061-A9FD-2441467201F2/0/MDFEE2009.pdf>.
Enter the CPT code in the FIND box to locate the fee easily.
- Contractor certifies that it carries professional liability insurance
- Medical record for services rendered shall be forwarded to HD prior to payment

Referring contract MD/ARNP for sterilization, IUD and/or Implanon cont'd: Sterilizations

- Federal sterilization consent form shall **be signed in the HD**
- Appropriate counseling will be done by LHD staff when consent form is signed

CPT Code	Description	DMS Physician Rate
58670	Bilateral Laparoscopic Tubal Ligation w/Fulguration	\$280.12
58671	Bilateral Laparoscopic Tubal Ligation w/Band, Clip, etc.	\$287.90
58605	Bilateral Tubal Ligation Postpartum, Laparotomy	\$234.00
58611	Bilateral Tubal Ligation at time of C-section	\$33.52
55250	Vasectomy	\$171.54

Referring contract MD/ARNP for sterilization, IUD and/or Implanon cont'd: IUD

- Self Pay Patients: LHD shall provide IUD device for contracted MD/ARNP to insert. MD/ARNP will bill only for insertion fee
- For Patients with 3rd Party Payers: contacted MD/ARNP shall provide the device and bill 3rd party payers for device and insertion fee

Code	Description	DMS Physician Rate
58300	IUD insertion	\$ 59.25
58301	IUD removal	\$ 35.43
11975	Insertion of Implantable Contraception	\$100.35
11976	Removal of Implantable Contraception	\$93.85
11977	Removal/Reinsert Implantable Contraception	\$184.89
11976	Norplant Removal	\$ 93.85

Hospital out-patient services for voluntary sterilization procedures

- The contractor shall bill for services directly to the LHD for self pay patients, uninsured or underinsured.
- The contractor shall bill for services directly to Medicaid or private insurance, when the services are covered for reimbursement by a Third Party payer.
- Contract prices for services for uninsured clients shall be aligned with current Medicaid and DPH approved rates. Prior approval of the procedure must be obtained from the Health Department.
- The Contractor agrees to provide necessary pre op lab tests.

Hospital out-patient services for voluntary sterilization procedures, cont'd

- The patient must have a negative pregnancy test prior to the procedure being performed.
- The Contractor agrees to conduct counseling to patient regarding the elective sterilization procedure
- The Contractor agrees to accept the signed consent form. The federal sterilization consent form **must be signed in the health department at least thirty (30) days (no less) prior to the date of surgery and the procedure performed within 180 day of the signature.**

Hospital out-patient services for voluntary sterilization procedures, cont'd

- The medical record for the service rendered shall be forwarded to the HD prior to payment to Contractor.
- The Contractor certifies that it carries its own professional liability insurance.

Code	Description	DMS/DPH Rate
W0166	Hospital Pre/OR/Post op	\$800
00851	Anesthesia for Tubal Ligation/transaction	6 units max*

- *The Anesthesia Base Rate is \$15.20. Each 15 minute increment=1 time unit.