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**POLICY RESEARCH BRIEF**  
**MARCH 2009**  
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**Coverage and Payment of Quality Preconception and
Interconception Care for Women of Child-Bearing Age
Enrolled in Medicaid Family Planning Waiver Programs**

Key Findings from a Pilot Study

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Executive Summary

Women of reproductive age enrolled in the Medicaid program have access to a number of services that fall under three main categories of benefits – (1) family planning services to ensure reproductive health and well-being as well as prepare for, or avoid, a pregnancy, (2) pregnancy-related services to cover needs during the prenatal, labor and delivery, and postpartum period, and (3) condition-specific care, cancer treatment in particular if diagnosed with breast or cervical cancer – all of which can be viewed as representing subsets of a comprehensive package of reproductive and “well-woman” health care. Additionally, adolescent girls of reproductive age covered by Medicaid have access to the EPSDT pediatric preventive and developmental benefit, which includes coverage of regular well-child visits at recommended intervals and services that are medically necessary to correct or ameliorate defects and physical and mental health conditions discovered by screening visits, whether or not such services are covered for adults under the state medical assistance plan.

Although “well-woman” care is not a new concept, the Centers for Disease Control and Prevention (CDC) recently launched the Preconception Care Initiative to help reframe what the standard of care for women, particularly low-income women, of reproductive age should encompass so that the continuum of reproductive health services focused on prevention and treatment are emphasized from the patient, clinician and payer’s perspectives. The CDC now recommends that women be screened as early as possible for health and behavioral health risks that could lead to prematurity, very low birth weight, and other health and developmental problems for their newborns and receive appropriate short term interventions if medically necessary as well as any treatment that may be necessary to address illnesses, conditions, injuries and problems as well as promote health and well-being. The CDC also recognizes that this standard is an extremely broad one and that purchasers typically do not frame well-woman care in this manner. In operational and business terms, insurers would most likely translate the concept into one or more preventive (asymptomatic) visits but also cover services that have been found effective in the scientific literature to the extent that these services fulfill their basic coverage criteria. The CDC has issued a list of evidence-based interventions considered part of a preconception package of services, while at the same time recommending coverage of additional services for a comprehensive package of care for women of reproductive age.

For low-income women residing in 27 states, the Medicaid family planning waiver programs represent an opportunity to provide more systematic access to preconception care services. The federal family planning benefit, although not as well defined as maternity care or well-baby and well-child care, nevertheless already covers a number of services that fall under preconception care (e.g., STI testing/treatment), thereby providing an existing platform of benefits that could extend more explicitly into coverage of recommended preconception care (e.g., preconception counseling as an integral and explicit component of the family planning visit). In addition, because the purpose of the family planning benefit is broad, it can be easily understood to encompass maintenance or improvement of health prior to conception. Several states use their family planning waiver programs to pay for preconception care or some elements thereof and the purpose of this study was to examine the extent to which these programs currently cover and pay for CDC-recommended, evidence-based preconception care services.

GW conducted 6 pilot, case studies of states with family planning waiver programs as of early 2008-Arizona, California, Florida, Illinois, Iowa, and New York-and their coverage and payment policies of the more limited set of evidence-based preconception care services and found that:

- ❖ None of the states covered folic acid supplementation.
- ❖ None of the states covered the rubella vaccine but one state covered the rubella screen and another state the administration of the vaccine.
- ❖ None of the states covered the management of diabetes and hypothyroidism.
- ❖ Coverage of infectious diseases varied by disease: a) all states covered the detection of STD/STI and the majority covered treatment once a disease or infection is found; b) all states covered the detection of HIV/AIDS but none covered treatment related to this disease and one state explicitly excluded coverage of HIV/AIDS treatment services; c) two states covered tests for Hepatitis but neither covered its treatment were it to be detected.
- ❖ None of the states covered the management of the use of drugs, such as oral anticoagulants, antiepileptic drugs, and accutane.
- ❖ None of the states covered the behavioral interventions for smoking cessation, elimination of alcohol use, and obesity control.

The study also examined the coverage and reimbursement of additional preconception care services that are typically bundled in a preventive visit, such as a family planning visit, and found that only two states explicitly covered asymptomatic (non-problem based or preventive) annual comprehensive exams but only when they are provided within the context of a family planning visit and when the service is “directly related to” family planning. These states also explicitly covered preconception care counseling before pregnancy as part of the visit and one state added coverage of preventive screens as well. Finally, states varied in their use of CPT codes to operationalize coverage expectations.

The results from this study, although preliminary and not representative of all states with family planning waiver programs, seem to indicate that states have been more restrictive than what the federal government allows them to be and thus it is recommended that the federal government and states take the following actions:

- Clarification of Federal guidelines and broadening of the understanding of the purpose of the family planning benefit, accompanied by technical assistance to states in clarifying this point in their provider manuals and other communications with providers.
- Development by States of concrete and uniform provider guidelines for the standard of care and the provision of family planning regardless of the existence of a waiver program so as to enhance quality care for women in each state and across states.
- Description of explicit state expectations of family planning coverage and payment of services and linkages between expectations and available billing codes for preventive visits and preconceptual health services (e.g., preconception counseling) under their family planning waiver programs, with some tailoring of codes to indicate that preconception care was provided during the visit.

Because many low-income women of reproductive age do not have any other coverage, further recommendations focus on changes related to Medicaid eligibility, which would require Congressional action to amend the Medicaid statute:

- Expand Medicaid coverage to reach all low-income women of childbearing age regardless of citizenship status by creating a new “poverty level women” eligibility category for women;
- In the event that no general optional coverage of low income women is added, at a minimum allow states to cover all low income women (whether preconception or postpartum) for preconception and interconception family planning services and supplies as a state plan amendment instead of via the more complex Section 1115 waiver process.

Introduction and Overview

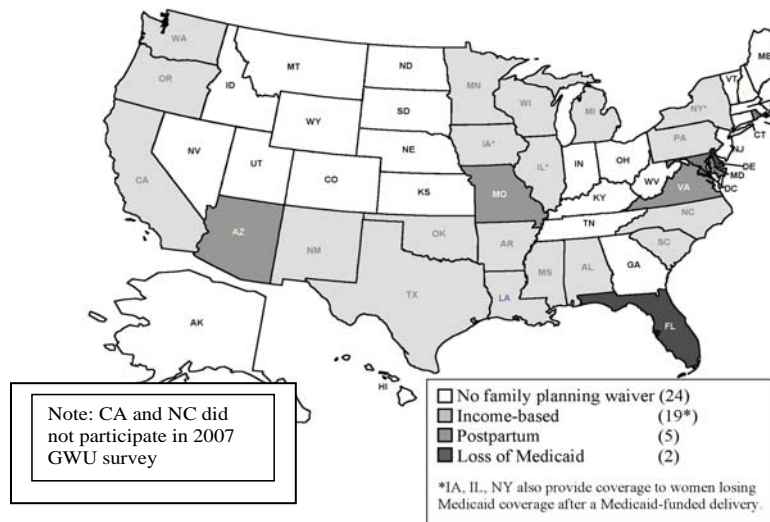
Under current law, women of child-bearing age (typically defined as ages 15-44) are not eligible for Medicaid coverage until after they become pregnant, if they are disabled, if they have children who are enrolled in the Temporary Assistance for Needy Families (TANF) program, or if they, themselves, are adolescent girls who are enrolled in the program as children (Fig. 1).

Figure 1. Medicaid Eligibility Pathways for Girls and Women

Girls, Adolescent Girls, and Women’s Eligibility for Medicaid	
Mandatory Populations	Optional Populations
<ul style="list-style-type: none"> ■ Children below federal minimum income levels <ul style="list-style-type: none"> - Ages 1-6: 133% FPL - Ages 6-19: 100% FPL ■ Adults in families with children (Section 1931 and TMA) ■ Pregnant women <133% FPL ■ Disabled SSI beneficiaries 	<ul style="list-style-type: none"> ■ Children above federal minimum income levels ■ Children ages 19-21 ■ Adults in families with children (above Section 1931 minimums) ■ Pregnant women >133% FPL ■ Disabled (above SSI levels) ■ Disabled (under HCBS waiver) ■ Medically needy

Since 1993, 27 states have obtained waivers from the Centers for Medicare and Medicaid Services (CMS) under Section 1115 of the Social Security Act to provide a range of primary care and family planning services to low income women of child-bearing age at no financial cost to them before they become pregnant and in-between pregnancies, using the Medicaid program as the main source of coverage (Fig. 2).ⁱ In 2001, approximately 1.7 million women were served in 13 states that had such waiver programs in place at the time.ⁱⁱ

Figure 2. Twenty-Six States Have Implemented Family Planning Waivers, August 2007ⁱⁱⁱ



Source: NASHP, accessed March 31, 2008.

Broadly understood, the purpose of family planning services is to provide individuals with personal choice in determining the number and spacing of their children and in preventing unintended pregnancies. Just as importantly, family planning services aim to ensure individuals' reproductive health and well-being, through, for example, the prevention of sexually transmitted diseases (STDs) and HIV, routine cancer screenings, and other preventive and health promotional services.

The Medicaid program is a large purchaser of family planning in the United States, currently accounting for approximately half of all family planning spending in the United States.^{iv} Federal requirements are broad but specifically state that "family planning services should aid those who voluntarily choose not to risk an initial pregnancy" as well as control family size.^v The statute does not define the specific services and supplies that fall under family planning. Coverage is generally available for the vast majority of FDA-approved family planning services and supplies.^{vi} Otherwise, federal guidelines give the option to states to determine the content of the family planning benefit,^{vii} as long as the services and supplies "are in sufficient amount, duration, and scope to reasonably achieve their purpose."^{viii} The federal State Medicaid Manual, which provides guidance to states on the design and the requirements of the Medicaid program, delineates to some extent the optional content of the family planning benefit. At state option, states can cover:

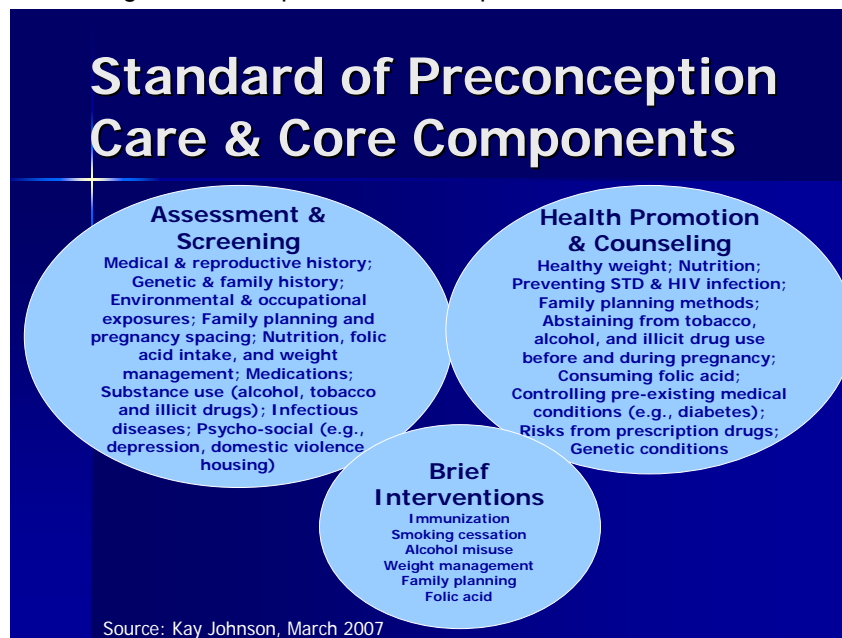
- Counseling services and patient education;
- Examination and treatment by medical professionals in accordance with applicable state requirements;
- Laboratory examinations and tests;
- Medically approved methods, procedures, pharmaceutical supplies and devices to prevent conception; and

- Infertility services, including sterilization reversals.^{ix}

Medicaid family planning waiver programs provide coverage of the same family planning services and supplies available to Medicaid enrollees in the state. The Medicaid family planning benefit is a mandatory benefit under the program and thus must be furnished to all individuals eligible for the Medicaid program.^x All states are using their family planning waiver programs to extend the coverage specific to family planning to women who otherwise do not qualify for Medicaid.

In addition, several states use their family planning waiver programs to pay for ‘preconception care’ — a set of services recommended by the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) and defined as “the identification of those conditions that could affect a future pregnancy or fetus and that may be amenable to intervention.”^{xi} Interventions are specifically focused on pre- and inter-conception care, which should be an essential part of primary and preventive care for women of reproductive age and represent not just a single preventive visit but the larger process of care and interventions, which can include a pre-pregnancy visits, multiple post partum visits, prenatal care, and an array of other services and procedures, such as assessment, counseling, and brief treatment (Fig. 3).

Figure 3. Examples of Preconception Care Interventions



At a minimum, the CDC has delineated the following interventions as evidence-based and thus amenable to coverage and payment by insurers, whether private or public:

- Folic acid supplementation;

- Rubella vaccination;
- Diabetes management;
- Hypothyroidism management;
- Detection and treatment of HIV/AIDS, Hepatitis and other infections;
- Maternal PKU management;
- Oral anticoagulant use;
- Antiepileptic drugs use management;
- Accutane use management;
- Smoking cessation counseling;
- Eliminating alcohol use; and
- Obesity control.^{xii}

The main goal of this pilot study was to examine the extent to which Medicaid family planning waiver programs, as currently designed, are covering and paying for evidence-based preconception and interconception care services, as recommended by the CDC and ACOG, as well as additional preconception care services that are typically bundled in a preventive visit.

Methods-in-brief

GW conducted 6 pilot, case studies of states with family planning waiver programs-Arizona, California, Florida, Illinois, Iowa, and New York-and their coverage and payment policies of preconception care. These states were selected for their number of births, infant mortality rates, preterm birth rates, geographic location, program size, periods of eligibility, enrollment loads, types of delivery systems, innovative use of billing codes, and ways of communicating coverage and payment expectations with providers in the program.

Table 1. Pilot States' Characteristics

	Arizona	California	Florida	Illinois	Iowa	New York	National
Geographic location	Southwest	West	Southeast	Midwest	Midwest	East	
Number of births	93,663	544,843	218,053	180,778	38,438	249,947	4,112,052
Infant mortality per 1,000 live births	6.6	5.3	7.3	7.5	5.4	6.1	6.9
Preterm births percent of live births	13.3	10.7	13.4	13.1	11.8	11.7	12.5
Medicaid	1,394,000	10,619,000	2,875,000		400,000	4,787,000	58,311,000

	Arizona	California	Florida	Illinois	Iowa	New York	National
program size							
Family planning waiver program eligibility	Same income eligibility as under broader 1115 waiver program (cost sharing depending on family income); male or female of childbearing age	200% FPL women ages 55 and younger and men ages 60 and younger	185% FPL women of child-bearing ages 14-55 who lose coverage for any reason for up to 24 months	Non-pregnant and uninsured for birth control between the ages of 19-44	200% FPL women ages 12 through 44 and uninsured women who lose Medicaid pregnancy coverage at the conclusion of their 60-day postpartum period.	200% FPL male or female of childbearing age (up to 26 months postpartum for women who lose Medicaid due to pregnancy)	
Family planning waiver program enrollment	>40,000	1,509,615	205,860	>20,000	166,630	>20,000 enrolled; 330,000, including 100,000 teenagers receive FP benefit	

Source: March of Dimes *Peristats*, CDC's National Center for Vital Statistics *2004 Natality Data*, CMS Family Planning Demonstration Fact Sheets.

GW collected the family planning services provider manuals for each state, as well as fee schedules and other publicly-available provider communications between states and their providers and reviewed each document systematically using a template in Microsoft excel that extracted information on coverage, billing codes, and reimbursement level for each intervention.

GW synthesized the information collected across states and also compiled state-by-state profiles.

Key Findings

This issue brief provides preliminary findings of what services state cover and reimburse, limiting the analysis to the CDC list of evidence-based interventions and the preventive visit. Table 1 summarizes the coverage and reimbursement of the CDC evidence-based recommendations recognized by Arizona, California, Florida, Illinois, Iowa, and New York in

their family planning waiver programs. Table 2 summarizes the coverage and reimbursement of additional preconception care services that are typically bundled in a preventive visit.

Evidence-Based Interventions (Table 1, below)

Overall, only a small percentage of CDC-recommended services (range: 11% to 22%) are recognized by the 6 pilot states as part of family planning. One state—Iowa—explicitly excludes one intervention, which is the treatment of HIV/AIDS. Otherwise, state coverage documents are generally silent, although in several cases, states recognized specific CPT codes (CA, FL, IA) and even listed associated fees (IA), raising the possibility that some of these services could be covered depending on the patient's situation. Below are the interventions ranked from most frequently covered to least frequently covered among the six pilot states.

- 1) **Detection of HIV/AIDS (6/6).** States varied in the specificity with which they covered the detection of HIV/AIDS but all seemed to cover this service either by providing coverage language (AZ, CA, FL, NY) and/or related CPT codes (CA, FL, IL, IA) and/or associated fees (IL, IA).
 - a. **Treatment of HIV/AIDS (0/6).** Although all states covered the detection of HIV/AIDS, none covered treatment related with the disease. One state—Iowa—explicitly excluded the coverage of HIV/AIDS treatment services.
- 2) **STD/STI Test/Lab (6/6).** All states explicitly covered the detection of STD and STI but varied in the comprehensiveness of their coverage and the number of CPT codes recognized for the purposes of reimbursement.
 - a. **STD/STI Treatment (4/6).** Even though all states covered the detection of STD and STI, only four states explicitly covered treatment once a disease or an infection is found.
- 3) **Detection of Hepatitis (2/6).** Only two states covered tests for Hepatitis. Arizona, while providing coverage language, did not provide specific CPT codes needed to claim payment, nor did it provide associated reimbursement levels. Florida was more specific by including related CPT codes but did not provide a fee either.
 - a. **Treatment of Hepatitis (0/0).** None of the pilot states covered the treatment of Hepatitis, were it to be detected.
- 4) **Folic acid (0/6).** None of the pilot states covered folic acid supplementation.
- 5) **Rubella vaccination (0/6).** None of the pilot states covered the rubella vaccine but Florida covered the rubella screen and Iowa the administration of the vaccine.

- 6) **Management of Health Conditions (0/6).** Diabetes and hypothyroidism are health risk factors that have been shown to have negative effects not only on maternal health but also on birth outcomes. None of the pilot states covered the management of these conditions. However, three states (CA, FL, IA) recognized specific evaluation and management CPT codes, which could be used for this purpose if the family planning benefit were redefined to include these conditions as “related to reproductive health conditions.”
- 7) **Drug Use Management (0/6).** None of the pilot states covered the management of the use of drugs, such as oral anticoagulants, antiepileptic drugs, and accutane, all of which have been found to be effective by the CDC in its review of the evidence on the matter.
- 8) **Health Promotion, Counseling, and Brief Interventions for Behavioral Risk Factors (0/6).** Smoking cessation counseling, elimination of alcohol use, and obesity control have all been found to have positive effects on maternal health and birth outcomes. None of the pilot states covered these types of behavioral interventions although Florida and Iowa explicitly recognized the CPT codes for comprehensive preventive visits, which usually include bundled services, such as health education, assessments, and referrals for further assessments or brief treatments once a problem is suspected or has been confirmed.

TABLE 1.

EVIDENCE-BASED INTERVENTIONS	AZ	CA	FL	IL	IA	NY	Total (n=6)
Folic acid supplementation							
Coverage	Silent	Silent	Silent	Covered?	Silent	Silent	0
CPT code	---	---	---	?	---	---	
Fee	---	---	--- ²	?	---	---	
Rubella vaccination							
Coverage	Silent	Silent	Silent (but rubella screen covered)	Silent	Silent (but immunization administration covered)	Silent	0
CPT code	---	---	--- (86403)	---	--- (90472)	---	
Fee	---	---	--- (? ²)	---	--- (\$5.25 (F) ¹)	---	
Diabetes management							
Coverage	Silent	Silent ³	Silent	Silent	Silent	Silent	0
CPT code	---	--- (99201-202, 99211-212)	--- (99201, 211)	---	--- (99201-205, 211-215)	---	
Fee	---	---	--- (? ²)	---	--- (\$38-151.57, \$18.68-103.15)	---	

EVIDENCE-BASED INTERVENTIONS	AZ	CA	FL	IL	IA	NY	Total (n=6)
Hypothyroidism management							
Coverage	Silent	Silent ³	Silent	Silent	Silent	Silent	0
CPT code	---	--- (99201-202, 99211-212)	--- (99201, 211)	---	--- (99201-205, 211-215)	---	
Fee	---	---	--- (? ²)	---	--- (\$38-151.57, \$18.68-103.15)	---	
Detection of HIV/AIDS							
Coverage	Covered	HIV-I, II, HIV-1 and HIV-2, single assay covered	HIV-1 covered & HIV-1 and HIV-2, single assay covered & HIV counseling covered	Silent but seems to be covered (see CPT and fee)	Silent but seems to be covered (see CPT and fee)	Testing & Counseling covered	6
CPT code	?	86701 86702 86703	86701 86703 99401-402	86703	86703	?	
Fee	?	?	? ²	\$17.90	\$14.01 (F) ¹ \$11.21 (G) ¹	?	
Detection of Hepatitis							
Coverage	Covered	Silent	Hep-B, Hep-Be, and Hep-C covered	Silent	Silent	Silent	2
CPT code	?	---	86706 87340 86707 87350 86803	---	---	---	
Fee	?	---	? ²	---	---	---	
Treatment of HIV/AIDS							
Coverage	Silent	Silent	Silent	Silent	Explicitly excluded	Silent	0
CPT code	---	---	---	---	None	---	
Fee	---	---	--- ²	---	None	---	
Treatment of Hepatitis							
Coverage	Silent	Silent	Silent	Silent	Silent	Silent	0
CPT code	---	---	---	---	---	---	
Fee	---	---	--- ²	---	---	---	
STD/STI Test/Lab							
Coverage	Covered	Syphilis, Trichomoniasis, Vulvovaginitis, Chlamydia, Gonorrhea, Genital Herpes, Pelvic	Syphilis, Herpes Simplex, Chlamydia culture, Gonorrhoea, HPV	Covered	Chlamydia culture covered	Covered	6

EVIDENCE-BASED INTERVENTIONS	AZ	CA	FL	IL	IA	NY	Total (n=6)
		Inflammatory Disease, Genital Warts, UTI covered	covered				
CPT code	?	86593 83986 87206 87205 87252 87255 87273 85025 85651 85652 88304 81000-005	86592 86593 86694 86695 87258 87259 87110 87206 87490 87491 87205 87590 87591 87620 87621	?	87110	?	
Fee	?	?	? ²	?	\$28.73 (F) ¹	?	
STD/STI Treatment							
Coverage	Covered	Drug list	Silent	Covered	Silent	Covered	4
CPT code	?	None	---	?	---	?	
Fee	?	Drug list	--- ²	?	---	?	
Oral anticoagulant use management							
Coverage	Silent	Silent ³	Silent	Silent	Silent	Silent	0
CPT code	---	--- (99201-202, 99211-212)	--- (99201, 211)	---	--- (99201-205, 211-215)	---	
Fee	---	---	--- (? ²)	---	--- (\$38-151.57, \$18.68-103.15)	---	
Antiepileptic drugs use management							
Coverage	Silent	Silent ³	Silent	Silent	Silent	Silent	0
CPT code	---	--- (99201-202, 99211-212)	--- (99201, 211)	---	--- (99201-205, 211-215)	---	
Fee	---	---	--- (? ²)	---	--- (\$38-151.57, \$18.68-103.15)	---	
Accutane use management							
Coverage	Silent	Silent ³	Silent	Silent	Silent	Silent	0
CPT code	---	--- (99201-202, 99211-212)	--- (99201, 211)	---	--- (99201-205, 211-215)	---	
Fee	---	---	--- (? ²)	---	--- (\$38-151.57, \$18.68-103.15)	---	
Smoking cessation counseling							
Coverage	Silent	Silent	Silent	Silent	Silent	Silent	0
CPT code	---	---	--- (99384-	---	--- (99384-	---	

EVIDENCE-BASED INTERVENTIONS	AZ	CA	FL	IL	IA	NY	Total (n=6)
			386-FP, 99394-396-FP (ages 12-64))		386, 394-396 (ages 12-64))		
Fee	---	---	--- (? ²)	---	--- (\$97.59-126.81, \$92.94-100.99)	---	
Elimination of alcohol use							
Coverage	Silent	Silent	Silent	Silent	Silent	Silent	0
CPT code	---	---	---	---	---	---	
Fee	---	---	--- ²	---	---	---	
Obesity control							
Coverage	Silent	Silent	Silent	Silent	Silent	Silent	0
CPT code	---	---	---	---	---	---	
Fee	---	---	--- ²	---	---	---	
Total Covered (n=18)	4	3	3	3	2	3	
Total Explicitly Excluded (n=18)	0	0	0	0	1	0	

Notes:

- 1 F : fee schedule
G: professional component noted with Modifier -26 and fees identified on schedule
- 2 Providers in Florida receive the same reimbursement rates as they do for regular Medicaid services. Florida uses the modifier –FP so that providers are aware that these women are not eligible for other non-family planning services
- 3 California appears to exclude these management services because they are not for related reproductive health conditions, which are limited to STIs, UTIs, and preinvasive cervical lesions when the care is provided coincident to a visit for the management of a family planning method. Even though the program is separate, California uses the Medi-Cal billing process to make matters easier for family planning providers.

Source: Markus, A. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, Fall 2008.

Women’s Preventive Visit (Table 2, below)

Only two states (FL, NY) covered asymptomatic (non-problem based or preventive) annual comprehensive exams, which, in New York, for example, include a comprehensive health history, a physical exam, breast exam, and referrals to primary care physicians but only when they are provided within the context of a family planning visit and when the service is “directly related to” family planning. New York also explicitly states that this particular service can be provided by an OB-GYN and a number of other providers. Both Florida and New York also explicitly covered preconception care counseling before pregnancy as part of the visit and New York added coverage of preventive screens as well. Florida uses CPT codes 99384-386 and 99394-396 with the modifier –FP to indicate that the woman is not eligible for any service other than family planning but New York is silent on which CPT codes providers should use to claim reimbursement. Neither provided a fee associated with the visit, although Florida indicates that the reimbursement level is the same as regular Medicaid. Iowa was silent on the exam and preconception care counseling but seemed to cover the formal screens for health risks, such as depression, by recognizing CPT code 99420 and paying \$8.46 for using a standardized screening tool.

TABLE 2.

PREVENTIVE VISIT	AZ	CA	FL	IL	IA	NY	Total (n=6)
Gyneco Exam							
Coverage	Covered	Silent	Silent	Silent	Silent	Covered ⁴	2
CPT code	?	---	---	---	---	?	
Fee	?	---	---	---	---	?	
Preconception Counseling							
Coverage	Covered	Covered	Explicitly covered as part of the FP initial and annual visits	Covered	Silent	Covered as well as preventive screening before pregnancy	2
CPT code	?	?	99384-386-FP, 99394-396-FP (ages 12-64)	?	---	?	
Fee	?	?	? ²	?	---	?	
Health Risk Assessment							
Coverage	Silent	Silent	Silent	Silent	Silent but seems to be covered (see CPT and fee)	Silent	1

PREVENTIVE VISIT	AZ	CA	FL	IL	IA	NY	Total (n=6)
CPT Code	---	---	---	---	99420	---	
Fee	---	---	---	---	\$8.46 (F) ¹	---	
Total Covered (n=18)	2	1	1	1	1	2	
Total Explicitly Excluded (n=18)	0	0	0	0	0	0	

Notes:

- 1 Iowa uses the following notation system:
F = fee schedule
G = professional component noted with Modifier -26 and fees identified on schedule
- 2 Providers in Florida receive the same reimbursement rates as they do for regular Medicaid services. Florida uses the modifier –FP so that providers are aware that these women are not eligible for other non-family planning services
- 4 Services can be provided by hospital based free standing clinics, family planning clinics, county health departments, FQHCs, rural health centers, OB-GYNs, physicians, licensed midwives, nurse practitioners, pharmacies and labs. New York covers a comprehensive health history and physical examination, including breast exam and referrals to primary care providers as indicated only when it is provided within the context of a family planning visit AND when the service provide is directly related to family planning.

Source: Markus, A. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, Fall 2008.

Best Practices?

None of the states stood out as a best practice state but more research is warranted before drawing strong conclusions on this aspect of the project. Arizona and New York covered a higher number of recommended services compared to the other four pilot states but coverage remained low overall (22% of recommended services). Furthermore, neither state was explicit in tying coverage to CPT codes and fees. This lack of specificity may be due, in part, to the heavy reliance on capitated managed care in these two states. In contrast, Iowa did not explicitly cover services related to preconception health but did provide a list of specific CPT codes and fees, which could be used for that purpose. Without language clarifying whether these codes and associated fees can be used for preconception care, it is not clear whether these services are in fact covered, at least based on the review of documents available from the state. Florida's use of the modifier –FP for the preventive visit is innovative and can be used to track the utilization of services in this category but also the quality of preconception care provided to women who receive services under the family planning waiver.

Conclusions and Recommendations

Although more research would be warranted in order to produce a representative picture of the status of coverage and payment of preconception care under Medicaid family planning waivers in all states that currently have implemented a program, this pilot study highlights the variation among states in the approach to covering preconception care services under Medicaid family planning waiver programs, with very few services covered across the board. At the same time, this study indicates that a couple of states have explicitly included preconception care counseling as part of the annual family planning visit, as well as covered certain evidence-based interventions recommended by CDC. One state even recognizes that preventive screens might be provided as part of the visit and referrals to primary care providers are warranted depending on the results of the screens. But even in these rare cases, the visit must be specifically tied to a family planning visit and must include services that are “directly related to” family planning.

Federal requirements related to the family planning benefit are broad but specifically state that the purpose of “family planning services should [be to] aid those who voluntarily choose not to risk an initial pregnancy” as well as to control family size.^{xiii} Furthermore, the statute does not define the specific services and supplies that fall under family planning, and federal guidelines give the option to states to determine the content of the family planning benefit,^{xiv} as long as the services and supplies “are in sufficient amount, duration, and scope to reasonably achieve their purpose.”^{xv}

The results from this study seem to indicate that states have been more restrictive than what the federal government allows them to be. For this reason, the following recommendations, which do not require federal or state legislative action, are made:

- At the federal level, HHS should clarify federal guidelines and broaden the understanding of the purpose of the family planning benefit. The guidance should offer consolidated policies covering the health care needs of women throughout the reproductive life cycle by merging care for family planning, pregnant women, and breast and cervical cancer into a “reproductive health care” package focused on prevention and treatment. The terms of coverage should be expressed not only in relation to covered benefit classes but also in relation to all procedure codes, which should directly be linked to family planning, including preconception, services, and which should fall within covered classes of benefits. The Medicaid State Manual should include strengthened language on this aspect. This modification should be accompanied by technical assistance to states in clarifying this point in their provider manuals and other communications with providers.
- At the state level, much work needs to be done in relaying state coverage and payment expectations to providers of family planning when it comes to preconception care. States

should be encouraged to develop more concrete and uniform guidelines for the standard of care and the provision of family planning across states so as to enhance quality care for women reproductive age and provide a foundation for further comparative quality research. Based on the pilot states included in this study, it would appear feasible to start with the preventive family planning visit and make it a regular visit in accordance with professional guidelines. Health education and preconception care counseling should be an explicit component of the visit, and a reproductive health plan should be developed as a result of the visit. Then, the screening, detection, and treatment services described in Table 1, above, would be the logical extensions of the visits, with referrals to primary care providers and specialists as necessary. States should also be encouraged to recognize specific nationally-developed and HIPAA-compliant billing codes for preventive visits and preconceptional health services (e.g., preconception counseling) under their family planning waiver programs.

Because many low-income women of reproductive age do not have any other coverage, then the question becomes where they may be able to obtain these services. Health centers seems to be the logical place, but perhaps rethinking coverage of women under Medicaid is just as essential so that they may have financial support for the services they need (e.g., treatments to which they are referred). The recommendations below focus on changes related to Medicaid eligibility and would require Congressional action at the federal level to amend the Medicaid statute:

- Expand Medicaid coverage to reach all low-income women of childbearing age regardless of citizenship status by creating a new “poverty level women” eligibility category for women, which parallels the category used for children; eligibility could be set at some minimum to be determined (e.g., under 100% FPL) with a state option to extend coverage to additional women at state option.
- In the event that no general optional coverage of low income women is added, at a minimum allow states to cover all low income women (whether preconception or postpartum) for preconception and interconception family planning services and supplies as a state plan amendment (SPA) with CMS instead of via the more complex Section 1115 waiver system.

ATTACHMENT

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STATE PROFILES

Arizona

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY
Folic Acid Supplementation				
Rubella Vaccination				
Diabetes Management				
Hypothyroid Management				
Detection of HIV	Covered			Always under FP
Detection of Hepatitis	Covered			
Treatment of Hepatitis				
Maternal PKU Management				
Oral Anticoagulant Use				
Antiepileptic Drug Use Management				
Accutane Use Management				
Smoking Cessation Counseling				
Eliminating Alcohol Use				
Obesity Control				

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY
Gyn Exam	Covered			Always under FP
Contraceptive Counseling	Covered			Always under FP
Reproductive Health Ed	Covered			Always under FP
Preconception Counseling	Covered			Never
Pregnancy Test	Covered			
IUD	Covered			Always under FP
IUD Insertion	Covered			Always under FP
IUD Removal	Covered			Always under FP
Implant and Insertion	Covered			Always under FP
Implant Removal	Covered			Always under FP
Implant Removal w/re-insertion	Covered			Always under FP
Injectables	Covered			Always under FP
Injections	Covered			Always under FP
Diaphragm	Covered			Always under FP
Diaphragm Fitting	Covered			Always under FP
Oral Contraceptives	Covered			Always under FP
Condoms	Covered			Always under FP
Female Condoms	Covered			Always under FP
Spermicide	Covered			
Sponges	Covered			Always under FP

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY
Emergency Contraceptive	Covered			Always under FP
Tubal Ligation	Covered			Always under FP
Vasectomy	Covered			Always under FP
Pap Smear	?			Always under FP
Pap Lab	?			Always under FP
Colposcopy	?			Always under FP
Mammogram	?			Never
STD Test	Covered			Sometimes
STD Lab	Covered			Sometimes
STD Treatment	Covered			
Infertility Test	Covered			
Vasectomy Reversal	?			

Source: Markus, A ., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

California

SERVICE	COVERAGE	CODE	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Folic Acid Supplementation					
Rubella Vaccination					
Rubella Screening					
Diabetes Management					
Hypothyroidism Management					
Detection of HIV/AIDS HIV-I HIV-II HIV-III	All Covered	86701 86702 86703			
Detection of Hepatitis					
Treatment of Hepatitis					
Maternal PKU Management					
Oral Anticoagulant Use					
Antiepileptic Drug Use Management					
Accutane Use Management					
Smoking Cessation Counseling					
Eliminating Alcohol Use					
Obesity Control					
Gynecological Exam					
Contraceptive Counseling	Covered				
Reproductive Health Education Individual Orientation 15 mins 16 to 30 mins 31 to 45 mins	Covered	Z9750 (group planning education) Z9751 Z9752 Z9753 Z9754			

SERVICE	COVERAGE	CODE	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Preconception Counseling	Covered				
Pregnancy Test	Covered	81025			S601-S602
IUD	Covered				S401-S402
IUD Insertion	Covered				
IUD Removal	Covered				
Implant and Insertion	Covered	11975			S301-S302
Implant Removal	Covered	11976			
Implant Removal w/re-insertion	Covered	11977			
Injectables	Covered				
Injections Depo-Provera Estradiol	Covered	X6051 Z7610			S201-S202
Diaphragm	Covered		13.50		
Diaphragm Fitting and Instruction	Covered	57170			Same code used for a cervical cap fitting
Oral Contraceptives	Covered	X7706			S101-S102
Condoms	Covered	X1500	0.28		
Female Condoms	Covered	X1500	2.76		
Spermicide Suppositories Film Gel/Cream/Foam	Covered	X1500	0.53 0.69 0.21/gram		
Sponges	Covered		2.35		
Emergency Contraceptives	Covered	X7722			
Tubal Ligation	Covered	58600 58615			S701-S702
Vasectomy Vasectomy Screening and Evaluation	Covered	55250			S801-S802 **must be 21 or older
Pap Smear	Covered				
Pap Lab w/physician interpretation		88141			
Colposcopy w/biopsy and curettage w/biopsy of cervix	Covered	57452 57454 57455			
Mammogram	Covered	76092			Limited to one per

SERVICE	COVERAGE	CODE	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
					client/per year
STD Test Syphilis Trichomoniasis Vulvovaginitis Chlamydia Gonorrhea Genital Herpes Pelvic Inflammatory Disease (PID) Genital Warts UTI	Covered – covers confirmatory tests as well	86593 83986 83986 87206 87205 87252 87255 87273 85025 85651 85652 88304 81000- 81005			
STD Lab					
STD Treatment See Drug List Below					Meds are definitely covered
Infertility Test					
Vasectomy Reversal					
Evaluation and Management Visit (E and M) New patient, female Established patient, female	99201-99202 99211-99212				

Source: Markus, A., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

Drug List for STD Treatment

DRUG	SIZE/STRENGTH	PACT RATE	CLINIC Fee	Fill Frequency Days
Miconazole	100 mg	6.75	2.00	30
	200mg	13.77		
	2% tube	7.17		
	4% tube	7.30		
	200mg/2% pack	8.94		
Nitrofurantoin SR	100 mg	1.51	3.00	30
Nitrofurantoin	100 mg	1.28	3.00	30
Ofloxacin	200 mg	2.17	3.00	30

DRUG	SIZE/STRENGTH	PACT RATE	CLINIC Fee	Fill Frequency Days
	400 mg	4.35		
Podofilox	.5% pack	76.88	2.00	30
Probenecid	500 mg	.71	3.00	30
SMX/TMP	400/80mg 800/160 mg	.12 .15	3.00 .15	7
Terconazole	.40% .80% 80 mg pack	43.43 39.74 34.05	2.00 2.00 3.00	30
Tinidazole	250 mg 500mg	1.38 2.76	3.00 3.00	7 7
Acyclovir	200 mg 400mg 800mg	.15 .23 .47	3.00	30
Azithromycin	1g pack 500 mg tabs	17.18 10.64	2.00	7
Butocanozole	2% tube	29.33	2.00	30
Cefpodoxime	200 mg	3.83	3	7
Cephalexin	250 mg 500 mg	.36 .38	3.00	7
Ciprofloxacin	250 mg 500 mg	.38 .45	3.00	7
Ciprofloxacin XR	500 mg	5.82	3.00	7
Clindamycin	150 mg 100 mg ovules/3 pk 2% tubes SR 2% tubes	.92 29.70 35.86 52.50	3.00 2.00	30
Clotrimazole	1% tube 2% tubes 100 mg pack 200 mg pack	6.82 7.16 6.21 7.57	2.00	30
Doxycycline	100 mg tabs/packs	.14	3.00	30
Estradial	.5 mg 1 mg 2 mg	.18 .22 .31	3.00	30
Fluconazole	150 mg	9.65	2.00	30
Imiquimod	5% pack	124.73	2.00	30
Metronidazole	Gel 250 mg 500 mg	5.04 4.48 6.16	3.00	7 7 30

Source: Markus, A ., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

Florida

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Folic Acid Supplementation					
Rubella Vaccination					
Rubella Screen	Covered	86403			
Diabetes Management					
Hypothyroidism Management					
Detection of HIV/AIDS HIV-1	Covered	86701		Sometimes, but always under the family planning waiver	
HIV-1 and HIV-2, single assay	Covered	86703			
Detection of Hepatitis					
Hep-B (surface antibody) (antigen)	Covered	86706			
Hep-Be (antibody) (antigen)	Covered Covered	87340 86707			
Hep-C (antibody)	Covered Covered	87350 86803			
Treatment of Hepatitis					
Maternal PKU Management					
Oral Anticoagulant Use					
Antiepileptic Drug Use Management					
Accutane Use Management					
Smoking Cessation Counseling					
Eliminating Alcohol Use					
Obesity Control					
Gynecological Exams				Depends on Context of Visit	

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Contraceptive Counseling	Covered	99403FP		Always	Family Planning Counseling Visit
Reproductive Health Education				Never	
Preconception Counseling	Covered	99403FP		Always – under waiver	Family Planning Counseling Visit
Pregnancy Test	Covered	81025			Urinary Test by visual comparison
IUD (Progestasert) Copper IUD Levonorgestrel	Covered Covered Covered	S4989 J7300 J7302		Always – under waiver	
IUD - Merena	?			?	
IUD Insertion	Covered	58300		Always – under waiver	
IUD Removal	Covered	58301		Always – under waiver	
Implant and Insertion	Covered	11975		Always – but whether under waiver is questionable	***Also available is a Norplant System Kit A4260
Implant Removal	Covered	11976		Always – under waiver program	
Implant Removal w/re-insertion	Covered	11977		??? – would assume so	
Injectables				Always – under family planning waiver	
Injections Medroxyprogesterone Acetate /Estradiol Cypionate	Covered Covered	J1055 J1056		Always – under family planning waiver	
Diaphragm				Always- under family planning waiver	
Diaphragm Fitting and Instruction	Covered	57170		Always – under family planning	**also be used for cervical cap fitting
Oral Contraceptives				Always – under family planning waiver	

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Condoms				Never	
Female Condoms				Never	
Spermicide				Never	
Sponges					
Emergency Contraceptives					
Tubal Ligation or Transection	Covered	58600		Always – under family planning waiver program	***there are a whole set of surgery codes to be used with outpatient sterilizations
Occlusion by Device	Covered	58615			
Vasectomy				Never	
Pap Smear Routine Smear Smear Wet-Mount				Always – under family planning waiver	
Pap Lab				Always – under family planning waiver	
Colposcopy					
Mammogram				Never	
STD Test-				Sometimes – on the context of the visit – but always under waiver?	
Syphilis Test (qualitative)	Covered	86592			
Syphilis Test (quantitative)	Covered	86593			
Herpes Simplex, non-specific	Covered	86694			
Herpes Simplex, type I	Covered	86695			
Direct Probe	Covered	87258			
Direct Probe Amplified	Covered	87259			
Chlamydia – Culture	Covered	87110			
Smear	Covered	87206			
Direct Probe	Covered	87490			
Amplified Direct Probe	Covered	87491			
Gonorrhea -Smear					
Direct Probe	Covered	87205			

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Amplified Probe HPV-Direct Probe Amplified Probe	Covered	87590			
	Covered	87591			
	Covered	87620			
	Covered	87621			
STD Lab				Sometimes, but always under waiver?	
STD Treatment					
Infertility Test				Never	
Vasectomy Reversal				Never	
Test for High Blood Pressure					
Cervical Cap	Covered	A4261			
Tests for Anemia					
Contraceptive Vaginal Ring					
Family Planning Supply Visit	Covered	99211FP			
HIV Counseling					
Preventative Counseling -15min	Covered	99401			
Preventative Counseling-30 min	Covered	99402			
Family Planning Initial and Annual Visits Initial Includes: Health history, pre-examination education classes, pre-conception counseling, health promotion education, physical examination, required lab tests** , selection of contraceptive method and provision of supplies, post-examination interview		99383 99384 99386 99393 99394 99395 99396 – all FP			Includes Pap Smear and all Lab Work

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Annual Includes: Updating data in original patient record, physical examination, required lab tests** , addressing renewal of contraceptive needs, post-examination interview					

Source: Markus, A ., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

Illinois

SERVICES	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Folic Acid Supplementation	Covered (?)				***Multivites are covered as well
Rubella Vaccination					
Diabetes Management					
Hypothyroidism Management					
Detection of HIV/AIDS		86703	17.90	Sometimes – depending upon the context of the visit, but covered under family planning waiver	
Treatment of HIV/AIDS					
Detection of Hepatitis					
Treatment of Hepatitis					
Maternal PKU Management					
Oral Anticoagulant Use					
Antiepileptic Drug Use Management					
Accutane Use Management					
Smoking Cessation Counseling					
Eliminating Alcohol Use					
Obesity Control					
Gynecological Exams				Sometimes – depends on circumstances	
Contraceptive Counseling	Covered			Always – included under waiver	
Reproductive Health Education	Covered			Always- Included under waiver	

SERVICES	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Preconception Counseling	Covered			Sometimes – but under family planning waiver	
Pregnancy Test					
IUD	Covered			Always – under family planning waiver	
IUD Insertion	Covered	58300	44.00	Always – under family planning waiver	
IUD Removal	Covered	58301	37.40	Always – under family planning waiver	
Implant and Insertion	Covered	11975	108.00	Always – under family planning waiver	
Implant Removal	Covered	11976	108.00	Always – under family planning waiver	
Implant Removal w/ re-insertion	Covered	11977	108.00	Always – under family planning waiver	
Injectables	Covered			Always – under family planning waiver	
Injections	Covered			Always – under family planning waiver	
Diaphragm	Covered			Always – under family planning waiver	
Diaphragm Fitting	Covered	57170	28.60	Always – under family planning waiver	
Oral Contraceptives	Covered			Always – under family planning waiver	
Condoms	Covered			Always – under family planning waiver	
Female Condoms	Covered			Always – under family planning waiver	
Spermicide				Always – under family planning waiver	
Sponges				Always – under family planning waiver	
Emergency	Covered			Always – under	

SERVICES	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Contraceptives				family planning waiver	
Tubal Ligation	Covered			Always – post partum and interval under family planning waiver	
-abdominal		58600	327.45		
-post-partum		58611	97.30		
-during C-section					
Vasectomy	???			Always covered but not under family planning waiver??????	
Pap Smear	Covered	87205	12.80	Always – covered under family planning waiver	
		87210	4.70		
Pap Lab	Covered			Always – under family planning waiver	
Colposcopy	????			Sometimes- Depends upon the situation	
Mammogram	Covered	76096	Code not in manual	Always – Under family planning waiver	***only when ordered by dr. at family planning visit
STD Test	Covered			???? – says sometimes, but covered under family planning waiver	***only during family planning exam
STD Lab	Covered			???? – says sometimes, but covered under family planning waiver	***only during family planning exam
STD Treatment	Covered				***only during family planning exam
Infertility Test				Never – does not cover infertility treatment either	
Vasectomy Reversal				Never – does not cover vasectomy reversals	

Source: Markus, A ., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

Iowa

SERVICES	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Folic Acid Supplementation					
Rubella Vaccination					
Diabetes Management					
Hypothyroidism Management					
Detection of HIV/AIDS	?	86703	14.01(F) 11.21 (G)	Sometimes – Situational (?)	Provided in Clinics
Treatment of HIV/AIDS	Not Covered Under IFPN				
Detection of Hepatitis					
Treatment of Hepatitis					
Maternal PKU Management					
Oral Anticoagulant Use					
Antiepileptic Drug Use Management					
Accutane Use Management					
Smoking Cessation Counseling					Provided at clinics
Eliminating Alcohol Use					Provided at clinics
Obesity Control					Provided at clinics
Gynecological Exams				Sometimes – Contextual	
Contraceptive Counseling				Always	Provided clinics
Reproductive Health Education				Never (?)	Provided in clinics
Preconception Counseling				Never (?)	Provided in clinics
Pregnancy Test Cont.	Covered	81025	9.27(F)		Provided in clinics (?)
IUD	Covered	J7300	304.52(F)	Always	
IUD – Merena	Covered	J7302	477.67(F)	Always	
IUD Insertion	Covered	58300	74.62 (F)	Always	

SERVICES	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
IUD Removal	Covered	58301	79.86 (F)	Always	
Implant and Insertion	Covered	11975	118.85(F)	Always	No office visit billed in addition
Implant Removal	Covered	11976	115.95(F)	Always	No office visit billed in addition
Implant Removal w/re-insertion	Covered	11977	204.31(F)	Always	
Injectables Lunelle	Covered	J1055 J1056	51.43(F) 26.11(F)	Always	
Injections				Always	
Diaphragm	Covered	A4266	19.24 (F)	Always	
Diaphragm Fitting	Covered			Always	
Oral Contraceptives	Covered	S4993	0.23/pill (F)	Always	
Condoms	Covered	A4267	0.16 (F)	Always	
Female Condoms	Covered	A4268	0.30 (F)		
Spermicide	Covered	A4269	0.00 (M)	Always	
Sponges	Covered	A4269	0.00(M)	Always	
Emergency Contraceptives	Covered			Always	
Tubal Ligation -abdominal -postpartum -during C-section	Covered Not Covered Covered	58600 58611	262.91(F) ?	Says always for even postpartum	***Must have legal consent, and patient must be of sound mind
Vasectomy	Not Covered under IFPN			Says always (?)	
Pap Smear Routine Smear Smear Wet-Mount	Covered	87205 87210	6.26(F) 2.01(G) 6.26(F) 6.26(G)	Sometimes – situational	
Pap Lab				Sometimes - situational	
Colposcopy	Not Covered under IFPN			Sometimes - Situational	
Mammogram	Not-covered Under IFPN			Never	Breast Exams provided in clinics
STD Test- Chlamydia Culture	?	87110	28.73(F)	Sometimes – Situational	Says that limited testing is available

SERVICES	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
					in clinics
STD Lab				Sometimes-Situational	
STD Treatment				Sometimes-Situational	
Infertility Test				Never (?) Tests and Treatment	
Vasectomy Reversal	Under IFPN			Never	
Tests for High Blood Pressure					-available at clinics
Tests for Anemia					-available at clinics
Cervical Cap	Covered	A4261	19.24 (F)		
Contraceptive Vaginal Ring	Covered	J7303	37.89(F)		

Source: Markus, A ., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

New York

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Folic Acid Supplementation					
Rubella Vaccination					
Diabetes Management					
Hypothyroid Management					
Detection of HIV	Covered			Always under FP	
Detection of Hepatitis					
Treatment of Hepatitis					
Maternal PKU Management					
Oral Anticoagulant Use					
Antiepileptic Drug Use Management					
Accutane Use Management					

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Smoking Cessation Counseling					
Eliminating Alcohol Use					
Obesity Control					
Gyn Exam				Always under FP	
Contraceptive Counseling	Covered			Always under FP	
Reproductive Health Ed				Always under FP	
Preconception Counseling	Covered			Never	
Pregnancy Test	Covered - only when FP visit	81025	2.00		
IUD	Covered			Always under FP	
IUD Insertion		58300	49.00	Always under FP	
IUD Removal		58301	36.00	Always under FP	
Implant and Insertion	Covered	11975	81.00	Always under FP	
Implant Removal		11976	57.00	Always under FP	
Implant Removal w/re-insertion		11977	109.50	Always under FP	
Injectables	Covered	J1055		Always under FP	

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
Injections		Included w/injectables		Always under FP	
Diaphragm	Covered			Always under FP	
Diaphragm Fitting				Always under FP	
Oral Contraceptives	Covered			Always under FP	
Condoms	Covered			Always under FP	
Female Condoms	Covered			Always under FP	
Spermicide					
Sponges				Always under FP	
Emergency Contraceptive				Always under FP	
Tubal Ligation				Always under FP	
Vasectomy				Always under FP	
Pap Smear				Always under FP	
Pap Lab				Always under FP	
Colposcopy	Covered	57420 57421 57452 57454 57455 57456	36.00 40.00 44.00 73.00 44.00 41.00	Always under FP	
Mammogram	Not covered, but breast exams are covered			Never	

SERVICE	COVERAGE	CPT	FEE	COMPARISON WITH KFF/GW STUDY	NOTES
STD Test	Covered			Sometimes	
STD Lab				Sometimes	
STD Treatment				Never	
Infertility Test				Never	
Vasectomy Reversal				Never	

Source: Markus, A ., and Thompson, L. An Analysis of Family Planning Waiver Program Coverage and Payment Policies of Preconception and Interconception Care, December 2008.

REFERENCES

- ⁱ Guttmacher Institute (2009) State Medicaid Family Planning Eligibility Expansions. *State Policies In Brief*. Washington,DC. These states are: AL, AZ, AR, CA, DE, FL, IL, IA, LA, MD, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, RI, SC, TX, VA, WA, WI, WY.
- ⁱⁱ Gold, M. Medicaid Family Planning Extensions Hit Stride. Washington, DC: Guttmacher Institute, 2003.
- ⁱⁱⁱ At the time of the study, 26 states had family planning waivers in place. In October 2008 Wyoming became the 27th state with such a waiver approved by the federal government.
- ^{iv} Lindrooth, R., and McCullough, J. (2007) The Effect of Medicaid Family Planning Expansions on Unplanned Births. *Women's Health Issues* Vol. 17, No. 2: 66-74
- ^v Kaiser Family Foundation (2004) Medicaid: A Critical Source of Support for Family Planning in the US. Available at www.kff.org
- ^{vi} Lindrooth and McCullough, *op.cit.*
- ^{vii} National Health Law Program (2001) Medicaid Coverage of Reproductive Health Services. Available at www.healthlaw.org
- ^{viii} State Medicaid Manual § 4270 (transmittal No. 36, September 1988
- ^{ix} Kaiser Family Foundation, *op.cit.*
- ^x 42 U.S.C. § 1396d(a)(4)(C); 42 C.F.R. § 441.20.
- ^{xi} See Centers for Disease Control and Prevention *Preconception Health and Health Care Initiative* at <http://www.cdc.gov/ncbddd/preconception/> (accessed October 31st, 2008)
- ^{xii} CDC, *op.cit.*
- ^{xiii} Kaiser Family Foundation (2004) Medicaid: A Critical Source of Support for Family Planning in the US. Available at www.kff.org
- ^{xiv} National Health Law Program (2001) Medicaid Coverage of Reproductive Health Services. Available at www.healthlaw.org
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