101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 312.00: FAMILY PLANNING SERVICES

Section

312.01: General Provisions

(1) Scope, Purpose and Effective Date. 101 CMR 312.00 governs the rates of payment used by all governmental units to pay eligible providers which provide family planning services to publicly-aided individuals. Rates under 101 CMR 312.00 are effective for dates of service on and after January 25, 2019, unless otherwise indicated.

(2) Coverage. 101 CMR 312.00 and the rates of payment contained in 101 CMR 312.00 apply to family planning services rendered by eligible providers at a family planning agency setting. The rates of payment under 101 CMR 312.00 are full compensation for all services rendered.

(3) Disclaimer of Authorization of Services. 101 CMR 312.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 312.00. Governmental units that purchase care are responsible for the definition, authorization, coverage policies, and approval of the care and services extended to publicly-aided individuals.

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of Information or Administrative Bulletins. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT) and/or the Healthcare Common Procedure Coding System (HCPCS). The publication of such updates and corrections will list:

(a) codes for which the code numbers change, with the corresponding cross references between new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;

(b) deleted codes for which there are no corresponding new codes; and

(c) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to add, delete, or otherwise update codes or modifiers, to clarify its policy on and understanding of substantive provisions of 101 CMR 312.00, and as otherwise specified in 101 CMR 312.00.

312.02: General Definitions

As used in 101 CMR 312.00, unless the context clearly otherwise requires, the following terms shall have the following meanings:

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Comprehensive Family Planning Agency. A public or private agency that demonstrates the capability of providing family planning medical services, family planning counseling services, follow-up health care, outreach and community education.

Eligible Provider. A comprehensive family planning agency which meets such conditions of participation as may be required by a governmental unit purchasing such services.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Patient. A patient who has received professional services from the provider within the past three years.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration (I.C.). For specified drugs, injectables/vaccines and medical and related supplies that are listed in 101 CMR 312.03(4) with I.C., payment will be at cost, subject to any documentation requirements of the governmental unit.

New Patient. A patient who has not received any professional services from the provider within the past three years.

Publicly-aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Separate Procedure. Some of the listed procedures are commonly performed as an integral part of a total service and, as such, do not warrant a separate identification or payment. When, however, such a procedure is performed independently of, and is not immediately related to other services, it may be listed separately in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered a separate procedure.

There are certain procedures designated as "(SP)" which are in addition to those procedures designated "separate procedure" by the AMA-CPT coding structure. These "(SP)" procedures were designated "Independent Procedures" (IP) in the former six-digit coding structure.

312.03: General Rate Provisions

(1) Reimbursement as Full Payment. Each eligible provider must, as a condition of payment made by the purchasing governmental unit for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Any third party payments or sliding fees received on behalf of a publicly-aided individual reduces, by that amount, the purchasing governmental unit's payment for services rendered to the publicly-aided individual.

(2) Rates. Subject to the conditions listed herein, rates of payment for authorized family planning services for which 101 CMR 312.00 applies shall be the lowest of:

(a) the eligible provider's usual fee to the general public;
(b) the eligible provider's actual charge submitted; and
(c) the schedule of allowable fees listed below in 101 CMR 312.03(4).

(3) Modifiers.

(a) 24 – Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period.
(b) 25 – Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.
(c) 59 – Distinct procedural service.
(d) LT – Left side (used to identify procedures performed on the left side of the body).
(e) RT – Right side (used to identify procedures performed on the right side of the body).
(f) Modifiers for Provider Preventable Conditions. Below are modifiers for reporting. "provider preventable conditions" that are National Coverage Determinations, in accordance with 42 C.F.R. 447.26.

Modifier Name	Description
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

(4) Schedule of Allowable Fees.

Code	Allowable Fee	Description
90651	I.C	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use
New Patient		
99201	$50.61	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • a problem focused history; • a problem focused examination; and • straightforward medical decision making. （In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99202	$64.54	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • an expanded problem focused history; • an expanded problem focused examination; • straightforward medical decision making. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99203	$84.35	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: • a detailed history; • a detailed examination; and • medical decision-making of low complexity. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99204	$128.18	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • a comprehensive history; • a comprehensive examination; • medical decision making of moderate complexity. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)

Code	Allowable Fee	Description
99205	$160.27	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • a comprehensive history; • a comprehensive examination; and • medical decision making of high-complexity (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
Established Patient		
99211	$26.37	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99212	$38.12	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • a problem focused history; • a problem focused examination; • medical decision making of low complexity. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99213	$57.26	Office or other outpatient visit for the evaluation and management of an established patient, that requires at least two of these three key components: • an expanded problem focused history; • an expanded problem focused examination; • medical decision making of low complexity (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)

Code	Allowable Fee	Description
99214	$84.21	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • a detailed history; • a detailed examination; • medical decision making of moderate complexity. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99215	$113.05	Office or other outpatient visit for the evaluation and management of an established patient, that requires at least two of these three key components: • a comprehensive history; • a comprehensive examination; • medical decision making of high complexity. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
Preventative Medicine Services		
99384	$106.34	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	$106.34	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years
99386	$119.13	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years

Code	Allowable Fee	Description
99394	$92.28	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	$92.74	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99396	$98.73	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99402	$68.49	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individual (separate procedure); approximately 30 minutes. (HIV related)
Allowable Medical and Related Supplies		
S4993	$10.91	Oral contraceptives (birth control pills) actual cost up to a maximum cost of the allowable fee per cycle.
All Other Medical and Related Supplies		
S4989	I.C.	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies.
A4261	I.C.	Cervical cap for contraceptive use
A4266	$9.40	Diaphragm for contraceptive use (includes applicator and contraceptive cream or jelly)
A4267	$0.19	Contraceptive Supply, condom, male, each
A4268	$2.06	Contraceptive Supply, condom, female, each
A4269	$3.95	Contraceptive Supply, spermicide (e.g., foam, gel), each (per tube or package) (includes contraceptive sponges)
J1050	I.C.	Injection, medroxyprogesterone acetate, 1 mg
J7296	I.C.	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg

Code	Allowable Fee	Description
J7297	I.C.	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
J7298	I.C.	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
J3490- FP	I.C.	Unclassified Drugs (service provided as part of a Medicaid family planning program) (may be used by other governmental purchasers of family planning services)
J7300	I.C.	Intrauterine copper contraceptive
J7301	I.C.	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7303	I.C.	Contraceptive supply, hormone containing vaginal ring, each
J7304	I.C.	Contraceptive supply, hormone containing patch, each
J7307	I.C.	Etonogestrel (contraceptive) implant system
Medical and Surgical Procedures		
11976	$152.26	Removal, implantable contraceptive capsules.

(5) Other Family Planning Services. The rates of payment for other family planning services not listed in 101 CMR 312.03(4) that are authorized by the purchasing governmental unit, will be based on the applicable EOHHS regulation such as 101 CMR 313.00: *Rates for Freestanding Clinics Providing Abortion and Sterilization Services*; 101 CMR 316.00: *Surgery and Anesthesia*; 101 CMR 317.00: *Medicine*; 101 CMR 318.00: *Radiology;* and 101 CMR 320.00: *Clinical Laboratory Services*.

312.04: Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements.*

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under this provision.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

312.05: Severability

The provisions of 101 CMR 312.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 312.00: M.G.L. c.118E