

# oregon **contraceptive** care

## **General Principals for CCare Billable Service**

- Visit or supply-only billing must include a Z30 (ICD-10) code indicating that services provided included contraception initiation, management or supplies.
- Services provided must be directly related to a contraceptive method, and be:
  - Medically necessary (medical decision-making is required to assess, evaluate and/or treat symptoms or problems related to contraceptive method); and
  - Clinically indicated through protocols or standing orders (counseling visits, method re-checks, certain tests).
- Documentation and coding must accurately represent what occurred and include any unusual circumstances of medical necessity; CVR billing data must be readily supported by the medical record.
- The visit's primary diagnosis code must be within the Z30 series (ICD-10). Consider the following:
  - What services were provided during the visit?
  - How much time did each service take during the visit; which took the most?
  - Did the client receive contraceptive supplies?

## **Examples of Non-Billable Visits**

- Visits to confirm or rule out a pregnancy and where contraceptive services were not provided.
- Visits exclusively for STIs, or other medical symptoms, or treatment for STIs or other reproductive health conditions, not directly related to contraceptive method use. However, contraceptive supplies provided at these visits may be billed to CCare.
- Any contraceptive visit that is not medically or clinically indicated:
  - Provider-initiated visits solely for the purpose of monitoring method use.
  - Recurrent counseling provided to reinforce method use.
- Any visit where a primary diagnosis code is not within the Z30 (ICD-10) series spent was for contraceptive management
- Counseling provided at a supply-only encounter. Supplies are billable at acquisition cost.