

FEMALE CONDOM BILLING FACT SHEET

Using the female condom during sexual intercourse can help protect against sexually transmitted diseases (STDs, including HIV) and unintended pregnancies. Additionally, the female condom offers the advantage of being a female-controlled prevention method.

THIRD-PARTY PAYER COVERAGE OF THE FEMALE CONDOM

Contraceptive Coverage in Commercial Insurance

Under the ACA, all new insurance plans (both individual and employer-sponsored) are required to cover all FDA-approved methods of contraception, sterilization, and related education and counseling without cost-sharing, including the female condom.¹ “No cost-sharing” means that patients should not have any out-of-pocket costs, including payment of deductibles, co-payments, co-insurance, fees, or other charges for coverage of contraceptive methods. Patients cannot be asked to pay upfront and then be reimbursed.

Contraceptive Coverage in Medicaid

All state Medicaid programs must cover family planning services and supplies without cost-sharing for enrolled individuals of reproductive age. Additionally, many states have Medicaid family planning “expansion programs” that

serve as an important source of contraceptive coverage for many low-income individuals who are not eligible for full-benefit Medicaid. However, states have flexibility when defining the specific package of services and supplies that are covered within these programs. Providers should consult their state’s Medicaid provider manual or state Medicaid agency to determine specific coverage of the female condom in their state.²

Many states rely on managed care delivery systems to administer part or all of the state’s Medicaid benefits. While most managed care arrangements require Medicaid enrollees to obtain services from a specific network of providers, enrollees can seek covered family planning services from any Medicaid-participating provider. **Providers should review their individual contracts with Medicaid managed care plans to determine specific coverage of the female condom. Providers not included in Medicaid managed care networks should consult their state’s Medicaid agency for clarification on out-of-network claims processing.**

SEEKING REIMBURSEMENT WHEN DISPENSING THE FEMALE CONDOM ONSITE

Contracting

Providers should confirm coverage of the female condom with individual payers by reviewing the covered services included in each payer’s contract. Providers should look for:

- ▶ HCPCS code A4268, or
- ▶ “Contraceptive supply, condom, female” included under a miscellaneous HCPCS code.

Reimbursements

Providers interested in seeking reimbursement from a third-party payer for dispensing the female condom onsite should seek specific guidance from individual payers on the following aspects related to billing:

- ▶ Unit definitions (e.g. 1 unit = 1 condom; 1 unit = 3 condoms),
- ▶ Reimbursement rate per unit,
- ▶ Maximum limit of units per claim,
- ▶ Any applicable dispensing fees,
- ▶ Any applicable payment limits (e.g. female condom cost plus dispensing fee), and
- ▶ Fill frequency limitations and the minimum interval between refills.

Coding

The following coding guidance can help providers to receive appropriate reimbursement for dispensing the female condom. Providers should always check with individual payers for guidance regarding appropriate coding.

CPT ^{®3}	
Preventive counseling ~ 15 mins	99401
Preventive counseling ~ 30 mins	99402
Preventive counseling ~ 45 mins	99403
Preventive counseling ~ 60 mins	99404
HCPCS	
Contraceptive supply, condom, female, each	A4268
ICD-10	
Encounter for initial prescription, other contraceptive	Z30.018
Encounter for initial prescription, unspecified contraceptive	Z30.019
Encounter for general counseling, contraceptive	Z30.09
Encounter for other contraceptive management	Z30.8
Encounter for contraceptive management, unspecified	Z30.9
Encounter for surveillance of contraceptive, unspecified	Z30.40
Encounter for surveillance of other contraceptives	Z30.49

Providers should also check with payers to determine whether any modifiers are necessary in order to receive reimbursement for family planning-related services.

Denial Management

As with other contraceptive methods, providers may face pushback from payers when seeking reimbursement for the female condom. If a payer denies a claim submitted for the female condom, providers should:

- ▶ Identify whether the plan in question is required to adhere to the ACA contraceptive coverage requirements (see “Contraceptive Coverage in Commercial Insurance” above),
- ▶ Provide applicable plans with documentation related to the ACA’s contraceptive coverage requirements, and
- ▶ Confirm with the patient’s health plan the HCPCS and ICD-10 coding and accompanying documentation required for appropriate coverage for the female condom and resubmit the claim as needed.

Providers and patients that continue to face obstacles to accessing coverage of the female condom are encouraged to contact the CoverHer hotline (coverher.org or 1-866-745-5487) for assistance.

FACILITATING PRESCRIPTION COVERAGE OF THE FEMALE CONDOM IN PHARMACIES

Providers can help ensure the success of a patient filling a prescription for the female condom at a pharmacy by educating local pharmacists on product stocking. Pharmacists can find this product in their database by searching:

- ▶ FC2 Female Condom,
- ▶ NDC 61783000011,
- ▶ UDI #00861783000119,
- ▶ (for Walgreens only) WIC #451146, or
- ▶ (for CVS only) 738678.

Providers must prescribe the female condom to patients in order for patients to use their insurance to cover the method without cost-sharing. A sample prescription is below:

Rx Sample:	
Patient Name: _____	Patient age: ____
Address: _____	
City/State: _____	
Rx: FC2 Female Condom (1 box of 3 condoms)	
Sig: Use per packaging instructions with each act of intercourse.	
Disp: _____	
Refills: x12	
_____, MD	

ENDNOTES

- 1 Department of Labor Employee Benefits Security Administration “FAQs about Affordable Care Act Implementation Part XXVI,” May 22, 2015, <http://www.dol.gov/ebsa/faqs/faq-aca26.html>.
- 2 Providers can find their state’s Medicaid agency website through the Centers for Medicare & Medicaid Services: <http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>.
- 3 CPT copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

National
Family Planning
& Reproductive Health Association



The **National Family Planning & Reproductive Health Association (NFPRHA)** is a membership organization representing providers and administrators committed to helping people get the family planning education and care they need to make the best choices for themselves and their loved ones. NFPRHA works to enhance the ability of thousands of nurse practitioners, doctors, and other health professionals to provide high-quality family planning care through training and advocacy.

The **National Coalition of STD Directors (NCS D)** is a partnership of public health professionals dedicated to promoting sexual health through the prevention of STDs. NCS D provides dynamic leadership that strengthens STD Programs by advocating for effective policies, strategies, and sufficient resources by increasing awareness of the medical and social impacts of STDs.

This factsheet was developed with support from the **Female Health Company**.