Q & A - The Evolving Well-Woman Webinar

Q. Where does preconception health fit into a comprehensive well woman care visit?

A. The Centers for Disease Control and Prevention (CDC) guidelines for preconception care were published in 2006. On one hand, there are providers who believe that every time that a client comes in for a well woman visit, whether or not she wants to become pregnant, that she should be given some advice about preconception healthy behaviors so that she can have a healthy pregnancy when she is ready.

There are others who believe that if a woman is using a highly effective method of contraception, such as an implant or an Intrauterine Device (IUD), or if she is a consistent user of middle-tier contraceptives, that a discussion about pre-conception care can be deferred until the time that a woman discontinues that method and expresses an interest in becoming pregnant.

The exception is diabetic women. Every time a type 1 or 2 diabetic is seen for contraception or a well woman visit, we should remind her that ***before*** she discontinues her method in order to become pregnant, it is critical to get her blood glucose under control to minimize the risk of a congenital heart defect in her fetus/newborn.

Q. Do pregnant women need a pelvic exam during pregnancy and what about a physical exam if the woman is asymptomatic?

A. The only organization that has guidelines on this topic is the American Congress of Obstetricans and Gynecologists (ACOG). At the initial Obstetrician (OB) visit, they do recommend a neck exam to look for goiters, auscultation of the heart and lungs, a breast exam, abdominal exam, and a pelvic exam, with or without evaluation of the boney pelvis (clinical pelvimetry).

Q. Why does Family PACT not cover a pregnancy counseling visit?

A. Preconception counseling is a covered Family PACT benefit when provided as part of education and counseling. For more information, please refer to the Family PACT Policies, Procedures and Instructions (PPBI) manual at www.familypact.org. Related sections include Office Visits: Evaluation and Management and Education and Counseling (office) and Program Standards (prog stand).

Q. Is yearly cervical cytology recommended for women on immunosuppressant meds for things like RA or lupus?

A. Older guidelines state that a woman who is significantly immunocompromised should have annual cervical cytology screening. This includes, for example, a woman receiving cancer chemotherapy, a woman taking high dose steroids for an extended period of time for lupus, or a woman who's had a major organ transplant and is taking anti-rejection drugs. All of these women are more likely to develop cervical dysplasia, and if they do, have faster transit times through the various stages of dysplasia.

However, none of the guidelines state that women using the newer immunosuppressant drugs, like Remicade, should have annual screening, rather than the standard every 3 years (cytology only) or every 5 years (co-testing of women 30 and older).

Q. Are we still following the 2008 Family PACT guidelines for following-up with abnormal results? There was an update but it does not have the "Cytology Finding /Action" portion attached.

A. Family PACT and Medi-Cal policy is consistent with the 2012 American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. In the Family PACT "Policies, Procedures and Benefits Information" (PPBI), there is specific information in the "family planning-related services" chapter that lists the management of abnormal cytology results and covered benefits. Other than that, please refer to the 2012 ASCCP "Management of Abnormal Cytology Results" guideline at www.asccp.org.

Q. Does a patient with a history of cervical human papillomavirus (HPV) and normal colposcopy and repeat path require a yearly pap for 3 years? The second part of that question is: how long does a woman with a history of CIN III need annual surveillance?

A. Your question is beyond the scope of a webinar on the Well Woman Visit. Please refer to the ASCCP Management Guidelines, which can be found at www.asccp.org.

The questions below were typed in by participants, but we did not have time to answer them during the live webinar. We have indicated who we believe is best suited to answer each question.

Q. You mention the recommendation for BP/BMI every 2 years. With the uncoupling between hormonal contraceptive prescriptions and visits (to reduce barriers to access), we have lost an incentive for women to see us, particularly if they have no or a single partner and do not need STI screening. How would you suggest we encourage these patients to be seen?

A. The United States Preventative Services Task Force (USPSTF) guidelines (as well as others) state that when individuals are seen by a clinician for a problem visit, blood pressure and BMI should be recorded at least every 2 years. This is a good example of "opportunistic screening"; that is, using a problem-oriented visit as an opportunity to complete desirable screening. If the woman that you described used an IUD and was in a monogamous relationship, then a visit for vaginal discharge, skin problem, headaches, etc., would offer an opportunity to perform the screening tests that she is due for, including BP and BMI.

Q. What recommendations will be for pregnant women with multiple sclerosis (MS)? Do they have to prevent possible pregnancies or preserve them?

A. Your question about pregnant women with MS is beyond the scope of a webinar on the Well Woman Visit. However, there is a new section on contraceptive management of women with multiple sclerosis in the updated version (August 2016) of the CDC U.S. Medical Eligibility Criteria (MEC). This can be found at: http://www.cdc.gov/reproductivehealth/contraception/usmec.htm

Q. I noticed FamPact greatly reduced the OCP it covers - for a patient with PCOS that needs a no or very low androgen type pill (like Ocella/Yaz) what do you suggest to prescribe?

A. All oral contraceptives suppress sex hormone binding globulin (SHBG), and in turn, reduce levels of free testosterone. Any OC product that does not have levonorgestrel is considered to be acceptable for women with PCOS, with the intent of providing contraception, as well as reducing physical signs of hyperandrogenism, such as hirsuitism and acne.

Effective for dates of service on or after June 1, 2016, the Family PACT pharmacy formulary for oral contraceptives was updated to align with the Medi-Cal Contract Drugs List (CDL). For specific coverage criteria for oral contraceptives, providers may refer to the Drugs: Contract Drugs List Part 1 – Prescription Drugs sections in the Medi-Cal provider manual. Family PACT oral contraceptive products not included in the CDL will require a Treatment Authorization Request.

Q. What key reimbursable ICD 10 codes are used for well women exams when a pap is done? Conversely, what ICD 10 codes should be used when a well-woman visit is done, but a pap and/or breast exam is not?

A. For specific billing policy, providers should refer to the program's provider manual. In a family planning context, the well woman visit supports the correct and consistent use of a woman's chosen contraceptive method, clarifies the client's reproductive life plan and optimizes reproductive health.

Q. For well male exams in a family planning clinic, what ICD 10 codes are used for those visits? Also, is it possible to do a webinar for the well man visit?

A. For specific billing policy, providers should refer to the program's provider manual. In a family planning context, the well man visit supports the correct and consistent use of his chosen contraceptive method, clarifies the client's reproductive life plan and optimizes reproductive health. There are currently no webinars scheduled, however, your requested is noted.

Q. If your patient is in network (either a PPO or Medi-Cal) and they chose to see you (Family PACT provider) as an out of network provider for a well-woman exam, who absorbs the cost if the networks won't reimburse?

A. Your question is beyond the scope of the Well Woman Visit webinar. Please contact the Department of Health Care Services' Managed Care Operations Division for further assistance with questions related to services covered out of network.