Q&A–Shared Decision Making in Contraceptive Counseling

Q. Can we have some explanation about circumstances in reporting counseling services along with E&M codes reporting on the same day?

A. Client-centered health education and counseling is considered integral to Family PACT and must be incorporated throughout the family planning visit.

Education and Counseling (E&C) codes S9445 or S9446 may be billed alone, or with an Evaluation and Management (E&M) code (99201 – 99204, 99211 – 99214), or with a higher level E&C service code (99401U6, 99402U6 or 99403U6), one time per client by the same provider.

Summary of E&C Visit Codes

Family PACT Education and Counseling Services	**HCPCS and CPT-4 Codes**	**Restrictions**
Individual orientation to Family PACT: ▪ Scope of Family PACT services ▪ Information about family planning methods and select related conditions ▪ Provided by a clinician and/or counselor Up to 10 minutes	**S9445**: May be billed with E&M codes 99201 – 99204, 99211 – 99214, or with E&C codes 99401U6, 99402 U6 or 99403U6.	This code may be reported only once per client, per provider. Each client may receive either individual orientation or group orientation (**S9446**), but not both.
Group family planning education (including orientation to Family PACT): ▪ Scope of Family PACT services ▪ Information about family planning methods and select related conditions ▪ A group setting of two or more clients Provided by a clinician and/or counselor	**S9446**: May be billed with E&M codes 99201 – 99204, 99211 – 99214, or with E&C codes **99401U6, 99402U6 or 99403U6**.	This code may be reported only once per client, per provider. Each client may receive either group orientation or individual orientation (**S9445**), but not both.

Family PACT Education and Counseling Services	**HCPCS and CPT-4 Codes**	**Restrictions**
Individual family planning counseling: ▪Lasting up to 15 minutes Provided by a clinician and/or counselor	**99401U6**: May not be billed with E&M codes nor with **99402U6 or 99403U6**.	Limited to two CPT-4 E&C code office visits (**99401U6 – 99403U6**) per client, per 30 days, per provider. Codes may be billed with Family PACT laboratory, surgical, medication and supply codes. These codes may be used to report counseling issues, including lifestyle and relationship issues, risk reduction interventions, method use and adherence, infertility, preconception counseling, pregnancy options and sexually transmitted infection (STI) prevention Documentation Requirements: Medical record documentation must support services claimed for reimbursement.
Individual family planning counseling: ▪Lasting 16 – 30 minutes Provided by a clinician and/or counselor	**99402U6**: May not be billed with E&M codes nor with **99401U6 or 99403U6**.	
Individual family planning counseling: ▪Lasting 31 – 45 minutes Provided by a clinician and/or counselor	**99403U6**: May not be billed with E&M codes, nor with **99401U6 or 99402U6**.	

Reference:
Office Visits: Evaluation and Management and Education Counseling Services section, Family PACT, Policies, Procedures, Billing and Instructions (PPBI) manual

Q. Can clients change from one form of contraception to another? If so, how often?

A. Clients can change contraceptive methods when they feel it is appropriate. There are some methods that have lasting effects in the body for quite some time. But the considerations for overlapping methods are very individualized. Whenever a woman decides it is better for her, the goal is to find a method that is most aligned with her preferences so as to maximize her reproductive well-being. Also this increases the chances that she will to continue to use her method over time because it is a good fit for her. By no means would I suggest that she cannot change her method. I encourage everyone providing counseling to tell patients that if the method is not a good fit for them, they can and should, come back and talk to the provider about that. Often women feel like they are failures if the method is not a good fit. They feel like they should not come back and admit that. Instead, we want them to feel welcome and to think of it as an opportunity to find a better method as opposed to a failure.

Q. How do you answer patients concerns about BCM “horror stories” – especially around IUDs and Essure?

A. This is incredibly challenging. I think it depends on what kind of horror stories you’re talking about. When you're talking about something that someone may have heard from their social community directly, it’s really important to be careful not to be dismissive. You can talk about data- but do so in a way that does not imply that any information that a patient may have gotten from someone else is invalid. I think that invalidates us as providers when we don’t take into account the real life experience of the world. That said, it is slightly different when we are talking about the late-night trial lawyer commercials patients may have seen. In these cases, we can suggest to patients that the motivations of those types of commercials may not be in the best interest of women's health. I think you have to target your response to the specific situation but doing it in a way that is respectful is very important.

Q. What is Shared Decision Making?

A. “A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences….This process provides patients with the support they need to make the best individualized care decisions.” This patient-centered centered approach to clinical communication is increasingly emphasized in medical care and has been found to be associated with improved outcomes, including medication adherence and patient satisfaction.

Q. What is Shared Decision Making in Family Planning?

A. Shared Decision Making in family planning requires recognizing that the choice of a contraceptive method is a preference-sensitive decision meaning, in which the best method for an individual is defined by her preferences, and providing her with the support and information she needs to make the best decision for herself.

Q. What does the Process of Shared Decision Making Involve?

- Establish Rapport
- Elicit informed patient preferences
  - Ask women “what is important to you about your method?”
  - Don’t assume women know how methods vary. Provide context for different method characteristics, including effectiveness, side effects, mode of administration, and frequency of administration (e.g., taking 1xdaily vs. 1xweekly vs monthly or less)
  - Offer women the opportunity to receive additional information, even if they state an initial preference for a method
  - Respectfully address patient concerns about specific methods and side effects
- Provide scaffolding for decision making, engaging in iterative discussion about methods in response to patient preferences

Q. Are there barriers to Shared Decision Making in family planning, and how can they be addressed?

- Biases towards specific methods. Currently, many providers have understandable enthusiasm towards long-acting reversible contraceptive methods, based on their high level of effectiveness. Providers may also have biases towards specific methods based on their own experiences or experiences of friends or family. Engaging in shared decision making requires that these biases be recognized and that the provider consciously focuses on the individual woman's own preferences for method characteristics, without making assumptions about how these align with one's own preferences.
- Lack of access to full range of contraceptive options. Ensuring access to all methods, including placement and removal of IUDs and implants, is necessary to ensure that all women are able to make the best reproductive decisions for themselves.
- Time constraints. Helping patients to be able to obtain information necessary to develop informed preferences prior to the one-on-one encounter with the provider can facilitate the decision making process. Use of websites such as bedsider.org, information sheets, or group counseling sessions can accomplish this goal.