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Maximizing Access to Contraceptive Care via Telehealth

As a response to the COVID-19 pandemic, there has been increased focus on telehealth services. Providing reproductive health services via telehealth, including contraceptive and abortion care, may require additional considerations due to the personal nature of these services and increased regulations around their provision.

Benefits of telehealth:

- Telehealth services can be more convenient for patients, especially those with concerns around time off work, childcare and transportation.
- Some patients might be more open when discussing certain topics from the comfort of their own home, which can increase quality of care.
- Providers can also benefit from the convenience of telehealth appointments to efficiently complete low-acuity visits.

Despite the benefits, operational challenges to telehealth implementation, reimbursement questions, and patient privacy factors can present barriers to telehealth care for contraceptive services. As a response to the current public health emergency that requires implementation of social distancing practices, and as a core component to accessible health care at all times, it is **essential** to support providers and patients interested in utilizing telehealth services for contraceptive care.

**Additional resources to support the provision of contraceptive services, specifically during the COVID-19 pandemic, are available as Appendix A of this resource.*

Best Practices:

Overall, providing contraceptive care via telehealth requires health care professionals to utilize the same best practices as they do when providing in-person care, with specific considerations to the nature of telehealth, including:

- Establishing clear guidelines for telehealth practice, including how to address language and communication barriers, and obtaining informed consent for telehealth services.
- Adherence to United States Medical Eligibility Criteria (US-MEC) for Contraceptive Use and other professional guidance to ensure quality or scope of care is not impacted by telehealth use.
- Incorporating patient-centered and trauma-informed care practices and using a shared-decision making model to deliver services.

Additionally, availability of telehealth services should **not** create a barrier to accessing in-person care. Family planning services have been identified as essential medical services to be provided in New Jersey during this public health emergency and should continue to be available in-person as needed.

- Offices should take the steps necessary to ensure the safety of both patients and staff when providing in-person care.

- Contraceptive counseling should **not** steer patients towards or away from specific forms of contraception based on whether that service requires an in-person visit.
- The full-range of contraceptive services, and reproductive health care, should continue to be available to patients, including insertion and removal of long-acting reversible contraception (LARC) and abortion care.

Opportunities to Optimize Patient Experience and Minimize Need for Multiple Visits:

In addition to maintaining access to providers during crisis situations, telehealth can serve as a useful tool for enhancing standard office procedures, as it can reduce the number of in-person visits a patient needs while still providing high-quality patient centered care. Telehealth services can be provided to counsel and triage patients with specific needs, and to provide pre- and post- visit services that can help providers and patients maximize their in-person visits.

- Telehealth triage visits may include:
  - Established patients presenting with contraceptive related side effects
  - Triage of other patient problems where concerns/symptoms can be reviewed, patient can be sent to lab for tests, and in-person visit for treatment can be scheduled if necessary
- Pre-Visit Counseling and Post-Visit follow-up
  - Comprehensive counseling and screening can be provided to support initiation of contraception through prescription
  - The process to order a contraceptive method, such as a LARC, can begin based on a telehealth visit so a patient only needs one office encounter for insertion of device
  - Low-acuity visits can be completed for verification of problem resolution, review of labs or tests, and review of method satisfaction

Prescribing via Telehealth:

Prescribing medications and contraceptives after a virtual patient encounter is no different than prescribing when the visit is face to face. Payer policies will determine the supply allowed; for most payers in New Jersey, carriers must cover a three-month supply for initial prescription and six months for any future prescriptions of the same contraceptive. Prescriptions for medication abortion and emergency contraception can also be provided through telehealth appointments.

Promoting Reproductive Justice and Cultural Competency:

Providing culturally competent services via telehealth is critical and depends upon the same principles as in-person services, such as centering the importance of cultural humility, awareness of social diversity, and considering the needs and experiences of persons across gender and sexuality spectrums. Utilizing a reproductive justice lens, defined by SisterSong as the human right for people to maintain personal bodily autonomy, is essential. This helps ensure that accurate information is provided on the full range of contraceptive methods to support each individual in identifying the method that is best for them. Additional considerations for providing culturally competent telehealth services include:

- Avoiding assumptions about a patient's ability to access and utilize the technology needed for a successful telehealth visit. *(Not every person has a computer, smart phone, and/or Wi-Fi access.)*
- Awareness of patient's living or work environment may present barriers to privacy for services provided via telehealth or create increased risk of reproductive coercion.
- Commitment to provide adequate education and counseling on all methods of contraception.
- Utilization of a shared-decision making model to promote patient-centered care.

Billing and Coding for Telehealth Services:

For billing and coding purposes, telehealth interactions may be distinguished by 1) the format and timing of the virtual visit and 2) the purpose – whether it is ongoing monitoring of a chronic condition. As a response to COVID-19, CMS has lifted some restrictions on coding and payment for telehealth services. Most insurers, including Medicaid, are paying for these virtual visits as though they were face to face. At this time, it is not known whether these changes will remain in place long-term.

**Examples of appropriate billing and coding for contraceptive care provided via telehealth are available as Appendix B of this resource.*

Web-Based Resources for Contraceptive Services:

For those who do not have access to a family planning provider, there are several resources available online to connect individuals with contraceptive care. Depending on the platform, these services can provide access to emergency contraception, oral contraceptives, contraceptives rings, or contraceptive patches. Many of these suppliers offer automatic refills, free shipping, and may accept health insurance.

Bedsider.org provides a list of contraceptive suppliers based on a patient's zip code, a list of options in New Jersey can be found here: including but not limited to:

- Twentyeight Health
- HeyDoctor
- Lemonaid Health
- Nurx
- The Pill Club
- PillPack
- Planned Parenthood Direct
- PRJKT RUBY

**Note, NJHCQI does not endorse any of the above-mentioned organizations.*

About NJ-RHAP: The New Jersey Reproductive Health Access Project (NJ-RHAP) is a project run by the New Jersey Health Care Quality Institute with support from Arnold Ventures. NJ-RHAP is a statewide initiative created to expand access to the full range of contraceptive options available. The goal of NJ-RHAP is to reduce the policy and payment system barriers that prevent individuals from accessing the contraceptive method(s) they most desire through provider education efforts. The NJ-RHAP Provider Access Commitment Toolkit (NJ-RHAP PACT) is a comprehensive resource for providers (clinical and administrative) on policies, procedures, and best practices for the provision of reproductive health services in New Jersey. For more information about NJ-RHAP, please contact Brittany Lee, blee@njchqi.org.

For additional resources, as well as the full New Jersey Reproductive Health Access Project Provider Access Commitment Toolkit (NJ-RHAP PACT), please visit: bit.ly/QIResourcesNJRHAP or the Quality Institute website: njhcqi.org.

Appendix A: Resources to Support Access to Contraceptive Care During COVID-19

**As COVID-19 is an evolving situation, updated resources or guidance may be available. Providers should contact state departments and/or professional organizations for the most recent policies and clinical best practices for service delivery during this time.*

New Jersey Specific Resources:

- New Jersey Health Care Quality Institute COVID-19 Resource Hub
- New Jersey Department of Consumer Affairs: Telehealth Services during the COVID-19 Pandemic Frequently Asked Questions (FAQs)

COVID-19 Reproductive Health Resource Hubs:

- National Family Planning and Reproductive Health Association: COVID-19 Resource Hub
- Reproductive Health Access Project: COVID-19 Reproductive Health Care Resources
- Beyond the Pill: Best Practices and Resources for Contraception During COVID-19

Provider Resources:

- ACOG: Financial Support for Physicians and Practices During the COVID-19 Pandemic
- ACOG: Coronavirus (COVID-19) and Women's Health Care: A Message for Patients
- Reproductive Health Access Project: Contraception in the Time of COVID-19
- UpstreamUSA: Ensuring contraceptive access during the COVID-19 pandemic
- UpstreamUSA: Guidance on Implementing Telehealth for Contraceptive Care
- UpstreamUSA: Phone Staff Scripts to support contraceptive access during COVID-19
- FPNTC: What Family Planning Providers Can Do to Meet Client Needs During COVID-19
- FPNTC: COVID-19 Social Media Toolkit for Family Planning Providers
- American Society for Emergency Contraception: Emergency Contraception in the COVID-19 Era
- Partners in Contraceptive Care and Knowledge COVID-19 Response: Extended use of LARC Methods

Abortion Care Resources:

- Center for Reproductive Rights: Expanding Telemedicine Can Ensure Abortion Access During COVID-19 Pandemic
- Reproductive Health Access Project Resources for No-Touch Abortion Care
- National Abortion Federation: Sample Guidelines for Medication Abortion Telephone Follow-up (English)
- National Abortion Federation: Sample Guidelines for Medication Abortion Telephone Follow-up (Spanish)

Consumer/Patient Resources:

- Planned Parenthood: How do I get sexual health services during the COVID-19 pandemic?
- Bedsider: Where to get birth control?

Appendix B: Billing and Coding Examples for Contraceptive Care via Telehealth

**The following examples and suggested billing and coding details are based on the most accurate and up to date information available on the date this resource was completed. Providers should check with insurers for any changes to telehealth reimbursement policies.*

Synchronous audio/visual visit: The patient and clinician are connected in real time with ongoing interaction.

- CPT Codes:
  - 99201-99205: Office/outpatient E/M visit; new
  - 99211-99215: Office/outpatient E/M visit; established

- Different payers require distinct modifiers to report these services:
  - For Medicare and some commercial payers, a place of service code of "02: Telehealth" is required.
  - Modifier "-95" is required by most commercial payers.

Example: M.C. calls the clinic requesting a visit for contraception. The patient is new to the practice and schedules a telehealth visit to determine their options. M.C. is directed to websites and materials where they can obtain information about contraceptive options in advance of the telehealth interaction. At the scheduled time, an audio and visual connection is established via EHR or other technology platform. A history is obtained, and the patient is queried about their thoughts about pregnancy and initial choice of contraception. M.C.'s priorities regarding contraception effectiveness, convenience, duration of action are elicited and non-directive counseling is provided. Questions are answered and the patient expresses a clear understanding of risks and benefits of the chosen contraceptive option. A visit is scheduled for LNG-IUD insertion, the device is ordered, an insertion appointment scheduled, and the patient is given pre-procedure instructions. The visit is documented in the patient's record. A total of 45 minutes is spent with the patient.

- Code: 99204
  - If this were an established patient, the 45-minute visit qualifies for code 99215.

Asynchronous Digital E/M Services: The patient initiates contact via email, telephone or EHR portal and the qualified healthcare professional responds without direct interaction. These services are time-based and cumulative over a 7-day period. They may not be reported and paid if they were related to another E/M encounter within 7 days unless the patient initiates a query about a new medical problem. This would not typically be the case for contraceptive services. The patient must be the initiator for these codes to be reported.

- CPT Codes:
  - 99421: 5-10 minutes
  - 99422: 11-20 minutes
  - 99423: 21 or more minutes

Example: R.F. contacts the office via secure email with questions about their oral contraceptives. R.F. is experiencing headaches and wants to know whether to stop their pills. A qualified healthcare professional reviews R.F.'s medical record and determines that they have not complained of headaches in the past. The provider begins an exchange with R.F. questioning the quality of the headaches, current changes in lifestyle or stressors and other factors that could be contributing. After much back and forth, requiring 15 minutes over the week, the health care provider determines that the headaches are not migraines with aura and has explained the likely cause, recent stressors, with the patient. Together they decide that R.F.'s best option is to initiate stress-management lifestyle interventions and to remain on the oral contraceptives. The encounter is recorded in the patient's record.

- Code: 99422 for 15 minutes of asynchronous interaction over a 7-day period.

Telephone E/M Services: Synchronous audio-only. These services also cannot be related to an E/M service within the prior 7 days nor can they lead to a synchronous face to face or audio/visual service within a short period (i.e. the next available synchronous appointment). Telephone services have not been covered by Medicare in the past. However, during the current public health emergency CMS has determined that audio only interactions will be covered and paid at the appropriate office visit level. Providers should check with a patient's insurance for specific coverage information. CPT codes for telephone services may be used to account for provider time spent delivering services in this format.

- CPT Codes:
  - 99441: 5-10 minutes
  - 99442: 11-20 minutes
  - 99443: 21-30 minutes

Example: E.S. had an LNG-IUD inserted 5 months ago. They had some initial spotting and bleeding which resolved by the third month. They call the office complaining of mild cramping and light brown spotting and request a call back from their provider. The provider phones the patient and collects a history and explanation of symptoms. The patient took 200mg ibuprofen one evening but has not needed anything since. E.S. notices brown spotting after exercising and after intercourse but no other time and denies pain with urination or other symptoms. The patient is quite anxious, and it requires 15 minutes on the phone to resolve the patient's fears and provide reassurance that this amount of spotting is typical with the LNG-IUD. The encounter is documented in the patient's record.

- Code: 99442 for 11-20 minutes of medical discussion