

18-004.26 Family Planning Services: NMAP covers family planning services, including consultation and procedures, provided upon the request of the client. Family planning services and information must be provided to clients without regard to age, sex, or marital status, and must include medical, social, and educational services. The client must be allowed to exercise freedom of choice in choosing a method of family planning. Family planning services performed in family planning clinics must be prescribed by a physician, and furnished, directed, or supervised by a physician or registered nurse.

Covered services for family planning include initial physical examination and health history, annual and follow-up visits, laboratory services, prescribing and supplying contraceptive supplies and devices, counseling services, and prescribing medication for specific treatment.

18-004.27 Fracture Care: Initial fracture care includes the application and removal of the first cast or traction device. Providers may claim subsequent replacement of cast and/or traction devices used during or after the period of follow-up care as an independent service using the appropriate HCPCS procedure code.

18-004.28 ~~Physician~~ Practitioner Administered Medications: The Department will reimburse practitioner administered injectable medications at 95 percent of the Medicare Drug Fee Schedule medications administered in the physician office at the cost of the medication plus an administration fee as listed. Injectable medications approved by the Medicaid Medical Director but not included on the Medicare Drug Fee Schedule will be reimbursed at the wholesale acquisition cost (WAC) plus 6.8 percent. When billing for medications administered during the course of a clinic visit, the physician must use the appropriate HCPCS procedure code for the medication, the correct number of units per the HCPCS description, the National/Drug Code (NDC) of the drug administered, the NDC 'unit of measure' and the number NDC units. A CPT code for the administration must also be submitted.

When billing for medication that does not have a specific Level I or II code, the physician must use a miscellaneous HCPCS code with the name and NDC number identifying the drug and include the dosage given. If this information is not with the claim, the Department may return the claim to the physician for completion or pay the claim at the lowest dosage manufactured for the specific drug.