

The Evolving Well-Woman Visit Webinar – April 26th, 2018

1. What are the California hotspots for congenital syphilis?

Dr. Policar Answer:

Certain parts of Los Angeles and Orange County that are hotspots. Fresno is also considered to be a hotspot and certain parts of the East Bay in northern California in East, such as Oakland for example.

For California Sexually Transmitted Data, please visit the California Department of Public Health [Sexually Transmitted Diseases Data](#) webpage.

2. For women thinking they don't want to have kids, would you suggest counseling regarding LARC as well as sterilization?

Dr. Policar Answer:

Absolutely. So in that very first question that is in the PATH questions I spoke about earlier is, "Are you thinking about ever having kids" or if you have kids currently, "Do you think you want have more?" There are some patients who will say, "Look, I am absolutely 100 percent positive that I don't want have a child or another kid in the future," and that circumstance is certainly worthwhile to at least include tubal occlusion and vasectomy as part of the discussion.

On the other hand, there are those women who will say, "Yeah, I don't think I want to have more kids, but I'm not so sure about that," and of course a discussion about one of the LARC methods (an implant or an IUD) is completely appropriate in that circumstance, because people change their minds. And we know that both implants and IUDs work just as well over a long period of time as surgical sterilization does. But of course, they are completely reversible for the person who may at some point want to revisit the question of childbearing.

3. All right, next is, how would you respond to a woman who is insistent that she have a Pap smear annually?

Dr. Policar Answer:

This is really tough, just because there are some patients who from the time that they were little girls were told about how important it was to have a once a year Pap smear. So, the way that we try to respond to that where I worked over the years at San Francisco General is to remind women that Pap smears not only have benefits in picking up preinvasive conditions of the cervix, but that they also have risks that if you do Pap smears too often or at age times in a woman's life when they're not indicated, that you're far more likely to get harms than you are benefits. So, if you perform them too often, what that leads to is the possibility of more false positives that lead to unnecessary colposcopies, potentially even treatments like LEEPS and cryos and other treatments that might be unnecessary as well.

So, for the patients that I have had who have asked, who just insist, "No I don't want to use the three-year interval, I want to Pap smear every year". My response to that is that, "Given the fact that your Pap smears have been negative so far, and given your age group, to do a Pap smear once a year is actually to do you more harm than it is good. I am giving you very strongly felt advice that you should try to live with the intervals that are considered to be the national standard of care now, because if we screen you too often, it has the possibility of hurting you without helping you."

I have never had a patient who did not get that. I think that this discussion is a lot more than just saying, "You know what, there are harms in false alarms or false positives. But if I screen you every year instead of every three years, I am not going to really get any additional benefit. I am not going to improve the pickup rate for a high-grade dysplasia. So, I do not want to expose you to something that will potentially hurt you without really helping you. That is why we really want to stick with the three year screening interval with cervical cytology or the five year screening interval with either co-testing now or HPV testing alone as we transition to that in the future."

4. Regarding billing, isn't the OC code the primary code and not the Z01.419? Isn't the method always the primary code for?

Dr. Policar Answer (with add on from the Office of Family Planning):

This is a great question and an important observation. The method is not always the primary code. To point out the difference in a categorical program like Family PACT, an ICD-10-CM code for the family planning-related service is required on the claim form as well as is the ICD-10 code for the contraceptive method for which the client is being seen. However, you are supposed to list on the first claim line the main reason that the patient came in for the visit in the first place, which in Marcella's case, she was there for a well woman visit, and by the way, was also here because she wanted to take birth control pills for another year.

5. If my patient does have a primary care provider and she's already been seen in this calendar year for a check-up, should I not bill the 99395 preventive medicine visit when she comes to see me for a well woman visit family planning code?

Dr. Policar Answer:

This is going to be very provider specific. Before the days of the Affordable Care Act, many payers, and this is true with commercial health plans like Health Net and others, would only pay one preventive medicine visit a year. In other words, their claim systems were programed in such a way that they would only pay one 99395 that was it.

But the way things work with the Affordable Care Act, with the no cost sharing, is that there's

very specific language that says that well woman visits may take more than one visit. It might take two or three visits during the year, and that being the case, the payer really should be paying the 99395 more than once.

Now, a way of avoiding denials on that might be something that you biller puts into the remarks box, which says that the well woman services took more than one visit during the year. But the point is that you should not be running into problems of using that more than once during the year.