

Required data for Title X Family Planning Users

Encounter level data is required for every Family Planning Patient and Visit (ALL nurse visits including, pregnancy test, emergency contraception, supply visit, method problem, etc.)

Source: Electronic Health Record

Gender at Birth

- Male
- Female

Date of Birth

Race

- Asian
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- White
- Declined to answer

Ethnicity

- Not Hispanic/Latino
- Hispanic
- Declined to answer

Family Size: Must be 1 (the patient) or greater

Income: Family size and income are required from all users to determine charges based on the schedule of discounts.

Insurance Status: Refers to public and private health insurance plans that provide a broad set of primary medical care benefits to enrolled individuals. Report the most current health insurance coverage information available for the patient even though he or she may not have used this health insurance to pay for family planning services received during his or her last encounter. For individuals who have coverage under more than one health plan, principal insurance is defined as the insurance plan that the agency would bill first (i.e., primary) if a claim were to be filed. Categories of health insurance covering primary medical care include public and private sources of coverage.

Be Smart Eligibility: Refers to if the user can be identified to be enrolled in the Be Smart FP Waiver program. This can be identified using their Be Smart card or by verifying their enrollment in the NC Tracks system with the code “MAFDN”. This is used to differentiate Be Smart users from Medicare users and not disrupt billing systems.

- Yes
- No



NC Department of Health and Human Services • Division of Public Health • Women's and Children's Health Section • Family Planning and Reproductive Health Unit • <https://whb.ncpublichealth.com> • NCDHHS is an equal opportunity employer and provider. • 11/2019

Questions? Contact Marissa.Peters@dhhs.nc.gov Family Planning Data Manager

Limited English Proficiency: Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

- Yes
- No

Contraceptive Method at Exit (for both females and males): The primary method of family planning is the user's method— **adopted or continued**—at the time of exit from his or her last encounter in the reporting period. If the user is **NOT CHANGING** their contraceptive method, please still report the **CURRENT** method. If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method. See below for acceptable female and male methods and proper categorization.

Clinical Breast Exams (required for female users only)

1. Was a Clinical Breast exam completed?
 - Yes
 - No
2. If yes, was user referred for further evaluation?
 - Yes
 - No

Source: CPT Codes

All Family Planning CPT codes must be added to your agency's Fee Schedule and included in each patient's medical record where applicable See below for acceptable codes (STI/HIV screening, pap testing, contraceptive counseling, contraceptive method codes etc.)

Data Collect Outside of EHR (Source: Survey Monkey)

Unduplicated number of female users who obtained a Pap test

Number of Pap Tests Performed

Abnormal Pap Results

- ASC or higher result
- HSIL or higher result

STI Testing

- Unduplicated number of family planning users tested for chlamydia
- Number of gonorrhea tests performed, by sex
- Number of syphilis tests performed, by sex
- Number of confidential HIV tests performed, by sex
- Number of anonymous HIV tests performed
- Number of confidential HIV tests with a positive result

Local Revenue Information

Number of Full-Time Equivalent Clinical Services Providers

- Physicians
- Mid-level Providers (physician assistants/nurse practitioners/certified nurse midwives)
- Registered nurses with expanded scope

CPT Code Resource Guide - Pap and STI’s

1. Confirm that all Family Planning CPT codes are added to your agency’s Fee Schedule.
2. STI/PAP screening CPT codes must be entered into the client’s medical record (EHR) in order to be transmitted to LHD-HSA, regardless of where the actual test is processed.
3. Confirm that the CPT codes your clinic uses are included in the table below. If not, contact Marissa Peters (Marissa.peters@dhhs.nc.gov) with your clinic’s current codes.

Pap	HPV	HIV	Gonorrhea	Syphilis	Chlamydia
88141	87623	86689	87590	86592	86631
88142	87624	86701	87591	86593	86632
88143	87625	86702	87592	87164	87110
88147		86703	87850		87270
88148		87389			87320
88150		87390			87490
88152		87391			87491
88153		87534			87492
88155		87535			87810
88164		87536			
88165		87537			
88166		87538			
88167		87539			
88174					
88175					

Acceptable Contraceptive Methods

Female

Contraceptive Patch
Contraceptive Pill
Contraceptive Sponge
Cervical Cap or Diaphragm
Hormonal Implant
Hormonal Injection
Intrauterine device or system (IUD, IUS)
Male Condom
Female Condom
Fertility Awareness, Lactational Amenorrhea Method or Natural Family Planning (FAM, LAM, NFP)
Spermicide (used alone)
Female Sterilization
Vasectomy
Vaginal Ring
Emergency Contraception
Withdrawal
Rely on female method
Abstinence
Pregnant or seeking Pregnancy
Other Reason *(use only for same sex partner, sterile without surgical sterilization, undecided on method)*
None
Declined to answer

Male

Vasectomy
Male Condom
Fertility Awareness, Lactational Amenorrhea Method or Natural Family Planning (FAM, LAM, NFP)
Abstinence
Withdrawal
Rely on female method
Partner Pregnant or seeking Pregnancy
Other Reason *(use only for same sex partner, sterile without surgical sterilization, undecided on method)*
None
Declined to answer