

## ***FAMILY PLANNING PROGRAM COVERED SERVICES***

### **Procedure Codes**

**Services are limited to those related to birth control.** The following CPT codes must be billed in conjunction with the diagnosis code V25. For current Fee Schedule, see the Medicaid Provider Fee Manual on line at: <http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>

<b>CPT</b>	<b>Code Description</b>
<b>Evaluation/Management</b>	
99201	Office visit, new patient, minimal
99202	Office visit, new patient, moderate
99203	Office visit, new patient, extended
99204	Office visit, new patient, comprehensive
99205	Office visit, new patient, complicated
99211	Office visit, established patient, minimal
99212	Office visit, established patient, moderate
99213	Office visit, established patient, extended
99214	Office visit, established patient, comprehensive
99215	Office visit, established patient, complicated
99384	Preventative visit, new patient, age 12-17
99385	Preventative visit, new patient, age 18-39
99386	Preventative visit, new patient, age 40-64
99394	Preventative visit, established patient, age 12-17
99395	Preventative visit, established patient, age 18-39
99396	Preventative visit, established patient, age 40-64
<b>Permanent Sterilization</b>	
58565	Surgical Hysteroscopy with bilateral fallopian tube cannulation to induce occlusion (Essure procedure)
58340	HSG 3-month post procedure
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (band/clip/falope ring), vaginal or suprapubic approach
58670	Surgical laparoscopy with fulguration of oviducts (with or without transection)
58671	Surgical laparoscopy with occlusion of oviducts by device (band/clip/falope ring)
<b>Contraception</b>	
57170	Diaphragm fitting with instructions
A4266*	Diaphragm
A4261*	Cervical Cap

58300	Insert intrauterine device
58301	Remove intrauterine device
J7300	IUD Kit (Copper)/Paragard
J7302*	Mirena IUD

**NOTE:** IUDs can only be billed in conjunction with an insertion code for same date of service

11976	Removal of implantable contraceptive capsules
11981	Insert drug implant
11982	Remove drug implant
11983	Remove/insert drug implant
J7307*	Implanon

J1055*	Depo-Provera
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**NOTE:** The cost of administering the drug is included in the office visit; a separate medication administration fee cannot be billed.

J7303*	Contraceptive vaginal ring
J7304*	Contraceptive hormone patch

99070*	Other contraceptive product not listed
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\*A copy of the invoice for the contraceptive product must accompany the claim when billing CPT codes 99070, A4261, A4266, J7302, J7303, and J7304. Providers should only use A-codes and J-codes for contraceptives supplied during an office visit. With the exception of contraceptives that require insertion by a provider, women can also obtain the above contraceptive products at a pharmacy (see Family Planning Program Pharmacy Coverage below)

**Laboratory**

36415	Venipuncture
81000-81003	Urinalysis – by dipstick or tablet reagent
81005	Urinalysis – qualitative/semiquantitative
81015	Urinalysis, microscopic only
87086	Urine bacterial culture, quantitative colony count
87088	Urine bacterial culture, with isolation and identification of bacteria
87186	Antibiotic Sensitivity – Susceptibility studies w/ agar plating
82947-82948	Glucose, FBS, Quantitative (947) and Reagent Strip (948)
82951	Glucose Tolerance Test
83020	Hemoglobin Electrophoresis
84156	Total Protein, urine
81025	Urine Pregnancy Test
84702	Quantitative hCG
84703	Qualitative hCG
85004	Blood Count with automated differential
85007	Blood Smear, microscopic exam w/manual differential
85014	Blood Count – Hematocrit
85018	Blood Count – Hemoglobin
85025	CBC, automated, with automated differential
85027	CBC, automated, without differential
85048	Blood Count – WBC only

86631	Chlamydia, antibody
87110	Chlamydia, culture, any source
87270	Chlamydia, immunofluorescence
87490-87491	Chlamydia, DNA/RNA; direct/amplified
87810	Chlamydia, immunoassay
86592-86593	Syphilis, non-Treponemal antibody (RPR, VDRL)
86780	Syphilis, Treponema antibody (FTA-ABS)
87590-87592	Gonorrhea, DNA/RNA; direct/amplified/quantification
87850	Neisseria Gonorrhea, immunoassay
86701-86703	HIV Antibody
86689	HIV Antibody Confirmatory test (Western Blot)
86694-86696	Herpes Antibodies
87273	Herpes Type 2, immunofluorescence
87274	Herpes Type 1, immunofluorescence
86704-86707	Hepatitis B Antibodies
87340-87341	Hepatitis B Surface Antigen (Hep BsAg)
87350	Hepatitis B Envelope Antigen (Hep BeAg)
87515-87517	Hepatitis B Virus – DNA/RNA; direct/amplified/quantification
86708-86709	Hepatitis A Antibodies
86803-86804	Hepatitis C Antibodies
87520-87522	Hepatitis C Virus – DNA/RNA; direct/amplified/quantification
86762	Rubella Antibody
87205	Smear with interpretation
83986	pH test of a body fluid
87210	Smear-wet mount
87480	Candida – DNA/RNA, direct probe
87510	Gardnerella – DNA/RNA; direct/amplified/quantification
87620-87622	HPV – DNA/RNA; direct/amplified/quantification
87660	Trichomonas – DNA/RNA, direct probe
<b>Cytopathology</b>	
88141-88143	Cytopathology
88147-88148	Cytopathology
88150	Cytopathology
88152-88154	Cytopathology
88164-88167	Cytopathology
88174-88175	Cytopathology

**NOTE:** Healthcare providers and clinics should only bill for labs and cytopathology services that are provided within their facility. If lab and/or cytopathology results are obtained from an outside laboratory, the provider or clinic may not bill Medical Assistance for the tests, and the laboratory should bill the program directly.

**Other\*\***

90649-SE (VFC stock)	HPV Vaccine, quadrivalent, 3 dose schedule administration fee
90650-SE (VFC stock)	HPV Vaccine, bivalent, 3 dose schedule administration fee
90649	HPV Vaccine, quadrivalent, 3 dose schedule
90650	HPV Vaccine, bivalent, 3 dose schedule

\*\*Providers and clinics should bill for the acquisition cost of the vaccine. Administration fees are only paid for vaccines obtained through VFC for individuals under age 19.

**Family Planning Program Pharmacy Coverage**

The Maryland Medicaid Family Planning Program covers all FDA-approved contraceptives, such as pills, diaphragms, cervical caps, rings and patches. There are no pharmacy co-pays for contraceptives.

**Effective January 1, 2012**, when diagnosed as part of a family planning visit, the Medicaid Family Planning Program will also cover treatments for STIs, urinary tract infections and vaginitis, including the following drug classes:

- Antifungals
- Antivirals (for HSV)
- Cephalosporins
- Macrolides
- Miscellaneous beta-Lactams
- Penicillins
- Sulfonamides
- Tetracyclines
- Metronidazole
- Other miscellaneous antibiotics, not otherwise noted above

**NOTE:** For the non-contraceptive drugs listed above, there are no pharmacy co-pays for women under 21. However, there is a co-payment of \$1- \$3 for women 21 and over.