

**Family Planning Waiver Covered Services**

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
00851	Anesthesia, tubal ligation/transection		V25.03	Encounter for emergency contraceptive counseling diagnosis code to be used with any of the approved office visit coding: 99201-99205; 99211-99215; 99241-99245; 99383-99386; 99393-99396
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral			
00952	Anesthesia for hysteroscopy		079.4	HUMAN PAPILLOMA VIRUS
11975	Insertion of non-biodegradable drug, device or implant	12/31/2011	079.88	OTHER NONSPECIFIC ABNORMAL PAP SMEAR OF CERVIX
11976	Removal of non-biodegradable drug, device or implant		622.10	DYSPLASIA OF CERVIX, UNSPECIFIED
11977	Removal with reinsertion of non-biodegradable drug, device or implant	12/31/2011	622.11	MILD DYSPLASIA OF CERVIX
11981	Insertion, non-biodegradable drug delivery implant		622.12	MODERATE DYSPLASIA OF CERVIX
11982	Removal, non-biodegradable drug delivery implant		795.00	NONSPECIFIC ABNORMAL PAP SMEAR OF CERVIX, UNSPECIFIED
11983	Removal with reinsertion, non-biodegradable drug delivery implant		795.01	ATYPICAL SQUAMOUS CELL CHANGES OF UNDETERMINED SIGNIFICANCE
36415	Venipuncture		795.02	ATYPICAL SQUAMOUS CELL CHANGES FAVOR DYSPLASIA
36416	Drawing blood capillary		795.03	PAP SMEAR OF CERVIX WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION
55250	Vasectomy, unilateral/bilateral (separate procedure), including postoperative semen examination(s)		795.04	PAP SMEAR OF CERVIX WITH HGSIL
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)		795.05	CERVICAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV)DNA TEST POSITIVE
57170	Diaphragm or cervical cap fitting		795.06	PAPANICOLAOU SMEAR OF CERVIX WITH CYTOLOGIC
57410	Pelvic exam under anesthesia		795.07	SATISFACTORY CERVICAL SMEAR BUT LACKING TRANSFORMATION ZONE
57420	Colposcopy of the entire vagina with cervix if present		795.09	OTHER NONSPECIFIC ABNORMAL PAP SMEAR OF CERVIX

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
			795.10	ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF VAGINA
			795.11	VAG PAP SMEAR W/ATYPICAL SQUAMOUS CELLS OF UNDETER SIGN(ASC-US)
			795.12	VAG PAP W/ ASC CAN'T EXCL HIGH GRADE SQUAM INTRAEP LESION (ASC-H)
			795.13	VAG PAP W/ LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LGSIL)
			795.14	VAG PAP SMEAR W/ HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (HGSIL)
			795.15	VAGINAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV) DNA TEST POSITIVE
			795.16	PAP SMEAR OF VAGINA WITH CYTOLOGIC EVIDENCE OF MALIGNANCY
			795.18	UNSATISFACTORY VAGINAL CYTOLOGY SMEAR
			795.19	OTHER ABNORMAL PAPANICOLAOU SMEAR OF VAGINA AND VAGINAL HPV
57421	Colposcopy of the entire vagina, with cervix if present, with biopsy(s) of vagina/cervix		V01.6	CONTACT WITH OR EXPOSURE TO VENEREAL DISEASE
57452	Colposcopy of the cervix including upper/adjacent vagina		V02.7	CARRIER OR SUSPECTED CARRIER OF GONORRHEA
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage		V25.0	GENERAL COUNSELING AND ADVICE
57455	Colposcopy of the cervix including upper adjacent vagina; with biopsy(s) of the cervix		V25.01	PRESCRIPTION OF ORAL CONTRACEPTIVES
57511	CAUTERIZATION OF CERVIX;CRYOCAUTERY, CAUTERIZATION OF CERVIX;CRYOCAUTERY,INITIAL OR REPEAT			
57522	CONIZATION CERVIX, COLD KNIFE/LASER, CONIZATION CERVIX, COLD KNIFE/LASER, LOOP ELECTRODE EXCISION			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
58300	Insertion of intrauterine device		V25.02	INITIATION OF OTHER CONTRACEPTIVE MEASURES
58301	Removal of IUD		V25.03	ENCOUNTER FOR EMERGENCY CONTRACEPTIVE COUNSELING AND PRESCRIPTION
58340	Catherization & introduction of saline infusion sonohysterography (SIS) or hysterosalpingography		V25.04	COUNSELING & INSTRUCTION IN NATRL FAMILY PLANNING TO AVOID PREG
58565	Essure - female sterilization		V25.09	OTHER FAMILY PLANNING ADVICE
58600	Ligation or transection of fallopian tube(s) abdominal or vaginal approach, unilateral or bilateral		V25.1	INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE *END DATED 9/30/10*
58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery		V25.11	INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach		V25.12	REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE
58670	Laparoscopy - with fulguration of oviducts (with or without transection)		V25.13	REMOVAL AND REINSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
58671	Laparoscopy - with occlusion of oviducts (e.g., band, clip, falope ring)		V25.2	STERILIZATION
58700	Salpingectomy, complete/partial, unilateral/bilateral (separate procedure)		V25.4	SURVEILLANCE OF PREVIOUSLY PRESCRIBED CONTRACEPTIVE METHODS
64435	Injection anesthetic agent, paracervical		V25.8	Other specified contraceptive management
71020	Radiologic exam, chest, two views		V25.40	CONTRACEPTIVE SURVEILLANCE UNSPECIFIED
72190	Radiologic exam, pelvis, complete, minimum of 3 views		V25.41	CONTRACEPTIVE PILL
74740	Hysterosalpingography; supervision and interpretation only		V25.42	INTRAUTERINE DEVICE CHECKING, REINSERTION, REMOVAL
76830	Ultrasound, transvaginal		V25.43	SURVEILLANCE OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
76856	Ultrasound, pelvic (non-obstetric) B-Scan and/or real time with image documentation; complete (Payable only with a family planning related diagnosis)		V25.49	OTHER CONTRACEPTIVE METHOD
76857	Ultrasound, pelvic (non-obstetric) B-Scan and/or real time with image documentation; limited or follow-up (Payable only with a family planning related diagnosis)		V25.5	INSERTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
80053	Blood Panel		V25.9	UNSPECIFIED CONTRACEPTIVE MANAGEMENT
81000	UA by reagent strips		V26.5	Sterilization status
81001	UA, auto with scope		V26.51	Tubal ligation status
81002	UA, routine without microscopy		V26.52	Vasectomy status
81003	UA, auto without scope		V72.4	PREGNANCY EXAM OR TEST
81025	Urine pregnancy test		V72.40	PREGNANCY EXAM OR TEST, PREGNANCY UNCONFIRMED
82948	Glucose, blood, stick test		V72.41	PREGNANCY EXAM OR TEST, NEGATIVE RESULT
84702	Gonadotropin, chorionic; quantitative (HCG)		V72.42	PREGNANCY EXAM OR TEST, POSITIVE RESULT
84703	Gonadotropin, qualitative (pregnancy test)		V72.81	PRE-OPERATIVE CARDIOVASCULAR EXAM
85004	Automated diff WBC count		V73.98	UNSPECIFIED CHLAMYDIAL DISEASE
85007	Differential WBC count		V74.5	SCREENING EXAMINATION FOR VENEREAL DISEASE
85013	Hematocrit		V76.2	CERVIX (ROUTINE CERVICAL PAPANICOLAOU SMEAR)
85014	Blood count, hematocrit			
85018	Blood count, hemoglobin			
85025	Automated hemogram			
85027	Automated hemogram			
86318	Immunoassay for infectious agent regeant strip			
86592	Syphilis, qualitative (aka VDRL)			
86593	Syphilis tests; quantitative			
87088	Culture, presumptive pathogenic organisms, screening only			
87102	Knickers test for yeast			
87110	Culture, chlamydia			
87205	Smear, primary source, with interpretation, routine			
87210	Smear, primary source, with interpretation, wt mount			
87211	Smear, primary source, with interpretation, wet/dry mount **end dated 7/31/07**	7/31/2007		
87220	Koh test			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
87490	Infectious agent detection by nucleic acid, chlamydia...			
87491	Chlamydia trachomatis, amplified probe technique			
87590	Infectious agent detection by nucleic acid; N. gonnorrhoeae, direct probe technique			
87591	Gonorrhea - amplified probe test			
87621	HPV - amplified probe test			
88141	Cytopathology pap, cervical or vaginal; any reporting system requiring interpretation by physician			
88142	Cytopathology, cervical or vaginal, liquid dpreservative; automated prep, manual screen under physician supervision			
88143	Cytopathology, cervical or vaginal, liquid preservative; automated prep, manual screen & rescreen under physician supervision			
88147	Cytopathology-smears cervical or vaginal, screening by automated system under supervision of physician			
88148	Cytopathology, smears cervical or vaginal, automated manual rescreening under physician supervision			
88150	Cytopathology, slides-cervical or vaginal, manual screening under physician supervision			
88152	Cytopathology, slides manual screen & computer assisted rescreen under physician supervision			
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision			
88154	Cytopathology, slides, cervical or vaginal; with manual screening & computer assisted rescreening using cell selection & review under physician supervision			
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
88165	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & rescreen under physician supervision			
88166	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & computer assisted rescreen under physician supervision			
88167	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & computer assisted rescreen using cell selection & review under physician supervision			
88174	Cytopathology, cervical or vaginal, liquid preservative, auto prep, automated screening under physician supervision			
88175	Cytopathology, cervical or vaginal, liquid preservative, auto prep, automated screen & manual rescreen, under physician supervision			
88302	Level II - surgical pathology gross & microscopic exam			
88305	Level IV- Surgical pathology, gross and microscopic examination			
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)			
90772	Ther/proph/diag Inj, SC/IM <b>**end dated 12/31/08**</b>	12/31/2008		
90782	Ther.injection of medication (specify);subq or I.M. (each) <b>**end dated 3/31/06**</b>	3/31/2006		
93000	Electrocardiogram, routine EKG with at least 12 leads; w/interpretation and report			
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations			
96372	Therapeutic, prophylactic, or diagnostic injection;subcutaneous or intramuscular			
99000	Handling and/or conveyance of specimen for transfer from a physician's office to a lab			
99001	Handling and/or conveyance of specimen for transfer from patient to other than physician's office to a lab (distance may be indicated)			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
99002	Handling, conveyance and/or other service in connection with the implementation of an order involving devices when devices are fabricated by an outside lab but which items have been designated, and are fitted and adjusted by the attending physician **end dated 12/6/02**	12/6/2002		
99144	Moderate (conscious) sedation by same physician, first 30 min intra-service time, ages 5 yrs and older			
99145	Moderate (conscious sedation) by same physician, add-on code			
99201	New patient office or other outpatient visit			
99202	New patient office or other outpatient visit			
99203	New patient office or other outpatient visit			
99204	New patient office or other outpatient visit			
99205	New patient office or other outpatient visit			
99211	Established patient office or other outpatient visit			
99212	Established patient office or other outpatient visit			
99213	Established patient office or other outpatient visit			
99214	Established patient office or other outpatient visit			
99215	Established patient office or other outpatient visit			
99241	New or established patient office or other outpatient consultations			
99242	New or established patient office or other outpatient consultations			
99243	New or established patient office or other outpatient consultations			
99244	New or established patient office or other outpatient consultations			
99245	New or established patient office or other outpatient consultations			
99383	Preventive medicine service, new pt, initial, late childhood			
99384	Preventive medicine service, new pt evaluat, adolescent			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
99385	Preventive medicine service, new pt, 18-39 years of age			
99386	Preventive medicine service, evaluate, 40-64 years			
99393	Preventive medicine service, est pt, late childhood			
99394	Preventive medicine service, est pt, adolescent			
99395	Preventive medicine service, est pt, 18-39 years of age			
99396	Preventive medicine service, 40-64 years of age			
99401	Preventive medicine service, individual counseling, 15 minutes			
99402	Preventive medicine counseling - periodic/follow-up visit (approx 15 minutes) - family planning visit			
99420	Administration and inter health risk assessment instrument			
99420	Completion of Risk Assessment Form			
A4261	Cervical cap			
A4266	Diaphragm			
A4267	Condom, nonspermicidal			
A4267	Condom, spermicidal			
A4267	Contraceptive supply, condom, male each			
A4268	Female condom			
A4269	Spermicidal suppositories			
A4269	Contraceptive foam			
A4269	Contraceptive jelly			
A4269	Contraceptive sponges			
A4269	Vaginal contraceptive film			
A4932	Basal thermometer			
E1399	Essure Implant			
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: Education, skills training & guidance on how to change sexual behavior; performed semi-annually, 30 minutes			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis & hepatitis B			
J1050	Medroxyprogesterone acetate for contraceptive use, 1mg			
J1055	Depo Provera	12/31/2012		
J2250	Injection, Midazolam HCL, 1 mg (Versed)			
J3010	injection, Fentanyl Citrate, 0.1 mg (Fentanyl)			
J3490	Doxycycline			
J3490	Flagyl			
J3490	Vaginal cream, eg, Terazol			
J3490	Unclassified Drugs (Use for medications and injectibles related to contraception services). J3490 requires the claim to include the NDC number.			
J7300	Intrauterine Device (IUD)			
J7302	IUD - Levonorgestrel-Release Intrauterine Contraception 52MG (brand name Merena)			
J7303	Contraceptive supply, hormone containing vaginal ring, each			
J7304	Transdermal Hormonal (Evra - patch)			
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies)			
J7307	Levonorgestrel (contraceptive) implants system, including implants and supplies (brand name Implanon) For December 2007 dates of service use S0180			
J8499	Prescription drug, oral, non-chemotherapeutic, not otherwise specified (Use for oral medications related to contraception services). J8499 requires the claim to include the NDC number.			
S0180	Etonogestrel Implant System, including implants and supplies **end dated 12/31/07**	12/31/2007		
S4989	Progestasert IUD			
S4993	Oral contraceptive, 21-day supply			
S4993	Oral contraceptive, 28-day supply			

Procedure Code	Description	Termed Procedure Code Dates	Diagnosis Codes	Description
S4993	Seasonale - Family planning clinics. Seasonale requires prior authorization when dispensed at a pharmacy.			
T1013	Sign language or oral interpretive services, per 15 minutes			
T1999	Supplies and materials provided by phys over/above norm serv			
<b>Routine Sterilization Pre-operative Services</b>	Description			
71010	Chest x-rays			
71020	Chest x-rays			
80053	Blood panel			
84702	Quantitative HCG			
93000	EKG			
99201-99205	New patient office or other outpatient visit			
99211-99215	Established patient office or other outpatient visit			
99241-99245	New or established patient offices or other outpatient consultations			
99383-99386	Preventive medicine service, new patient			
99393-99396	Preventive medicine service, established patient			
V72.81	Preoperative cardio exam diagnosis code to be used with sterilization procedures			
Key:				
	Effective Date	Color		
	February 1, 2006	No color		
	December 1, 2007	Yellow		
	January 1, 2009	Blue		
	July 1, 2010	Green		
	October 1, 2010	Purple		

Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
	January 1, 2011	Orange			
	December 29, 2011	Gray			
	January 1, 2012	Red			
	January 1, 2013	Brown			