

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 |

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| 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 |
| 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 |

| Procedure Code | Description | Termed Procedure Code Dates | Diagnosis Codes | Description |
|----------------|---|-----------------------------|-----------------|---|
| 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 |
| 80053 | Blood Panel | | V25.9 | UNSPECIFIED CONTRACEPTIVE MANAGEMENT |
| 81000 | UA by regent 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 reagent strip | | | |
| 86592 | Syphilis, qualitative (aka VDRL) | | | |
| 86593 | Syphilis tests; quantitative | | | |

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|----------------|---|-----------------------------|--|-----------------|-------------|
| 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 | | | | |
| 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 | | | | |

| Procedure Code | Description | Termed Procedure Code Dates | Diagnosis Codes | Description |
|----------------|--|-----------------------------|-----------------|-------------|
| 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 | | | |
| 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 **end dated 12/31/08** | 12/31/2008 | | |
| 90782 | Ther.injection of medication (specify);subq or I.M. (each) **end dated 3/31/06** | 3/31/2006 | | |
| 93000 | Electrocardiogram, routine EKG with at least 12 leads; w/interpretation and report | | | |

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|----------------|---|-----------------------------|--|-----------------|-------------|
| 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) | | | | |
| 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 | | | | |

| Procedure Code | Description | Termed Procedure Code Dates | | Diagnosis Codes | Description |
|----------------|--|-----------------------------|--|-----------------|-------------|
| 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 | | | | |
| 99385 | Preventive medicine service, new pt, 18-39 years of age | | | | |
| 99386 | Preventive medicine service, eevaluate, 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 minues) - 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 | | | | |

| Procedure Code | Description | Termed Procedure Code Dates | Diagnosis Codes | Description |
|----------------|---|-----------------------------|-----------------|-------------|
| 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 | | | |
| 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 | | | |

| Procedure Code | Description | Termed Procedure Code Dates | | Diagnosis Codes | Description |
|---|--|-----------------------------|--|-----------------|-------------|
| 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 | | | | |
| 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 | | | | |
| | | | | | |
| | | | | | |
| Routine Sterilization Pre-operative Services | 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 | | | | |

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