PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: CLPM-23</td><td colspan="4">Lead Department: Claims</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Family Planning Services</td><td colspan="4">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 9/1/25</td><td colspan="5">Next Review Date: 01/01/2027
Last Review Date: 7/4/26</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="4">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☐ IQI</td><td colspan="2">☐ P & T</td><td colspan="3">☐ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td colspan="2">☐ COMPLIANCE</td><td>☒ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td colspan="2">☐ FINANCE</td><td>☐ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="3">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Lisa Malvo</td><td colspan="4">Approval Date: 09/01/2026</td></tr>
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I. RELATED POLICIES:

A. Health Services Family Planning Services MCUP3015

II. IMPACTED DEPTS:

A. Claims
B. Health Services

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To provide, for the provider, general guidelines and requirements relating to Family Planning Services.

VI. POLICY / PROCEDURE:

Partnership HealthPlan of California (Partnership) defines Family Planning services by diagnosis and procedure code. Below is a list of those diagnoses which Partnership considers a family planning diagnosis. Also below is a list of those procedures which Partnership considers a family planning procedure. A claim must have one of these diagnoses in combination with one of these procedure codes to be considered a family planning service.

A. Family planning services include, but are not limited to, the following:

1. Patient visits for the purpose of family planning
2. Family planning counseling services provided during a regular patient visit (see "Family Planning Counseling and Modifier – FP")
3. IUD and IUCD insertions, or any other invasive contraceptive procedures/devices.
4. Tubal ligations
5. Vasectomies
6. Contraceptive drugs and devices
7. Treatment of complications resulting from previous family planning procedures
8. Laboratory procedures, radiology and drugs associated with family planning procedures

9. STD and Abortion services

B. Partnership covers abortion services, as well as the medical services and supplies incidental or preliminary to an abortion.

C. Partnership does not impose annual or lifetime limits on the coverage of outpatient abortion services.

D. Partnership allows abortion services for minors who wish to receive them, without parental consent, under the Minor Consent program.

E. The Partnership Member Services Department will help any member find another provider for needed abortion services when a hospital, clinic or other provider in the network opt to refuse to provide abortion services.

F. Partnership will identify and deny claims that exceed the one-year billing limit. The one-year billing limit will be calculated from the date of service on the claim to the date the claim is received by Partnership. The system will deny claims received on and after the 366th day from the date of service.

G. Partnership members may self-refer without authorization to any Medi-Cal certified family planning provider, or they may choose to see their primary care physician for family planning services. If the member self refers to a family planning provider, Partnership will reimburse the provider on a Medi-Cal fee-for-service basis.

H. An ultrasound done at the time of an abortion does not require a RAF or TAR.

I. The following services are not considered family planning services:

1. Facilitating services such as transportation, parking and childcare while family planning care is being obtained
2. Infertility studies or procedures provided for the purpose of diagnosing or treating infertility
3. Routine infertility studies or procedures
4. Reversal of voluntary sterilization
5. Hysterectomy for sterilization purposes only
6. Evaluation and treatment of gynecological problems
7. Evaluation and treatment of breast problems

J. Effective 7/4/25, "prohibited entities" will no longer be paid for family planning services apart from abortion services. Procedure codes 59840, 59841, 59850-59852, 59855-59857, S0190, S0191, and S0199 will continue to be paid to those considered a prohibited entity. This has been reversed for dates of service on and after 7/4/26. All Family Planning services are now payable for prohibited entities based on this reversal.

VII. Family Planning Diagnosis Codes:

	Updated: 10/6/25
B87.3	Candidiasis of vulva and vagina
D06.0	Carcinoma in situ of endocervix

D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
G89.28	Other chronic post-procedural pain
L76.32	Postprocedural hematoma of skin & subcutaneous tissue following other procedure
N34.2	Other urethritis
N45.3	Epididymo-orchitis
N48.5	Ulcer of penis
N76.6	Ulceration of vulva
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
N89.8	Other specified noninflammatory disorders of vagina
N92.1	Excessive and frequent menstruation with irregular cycle
N94.10	Unspecified dyspareunia
N94.11	Superficial (introital) dyspareunia
N94.12	Deep dyspareunia
N94.19	Other specified dyspareunia
N94.89	Oth cond assoc w female genital organs and menstrual cycle
N99.61	Intraoperative hemorrhage of hematoma of a genitourinary system organ or structure complicating a genitourinary system procedure
N99.840	Post procedural hematoma genitourinary system organ or structure following genitourinary system procedure
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R30.0	Dysuria
R30.9	Painful micturition, unspecified
R31.0	Gross hematuria
R35.0	Frequency of micturition
R87.610	Atypical squamous cells of undetermined significance on

	cytologic smear of cervix (ASC-US)
R87.611	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
R87.613	High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.615	Unsatisfactory cytologic smear of cervix
R87.616	Satisfactory cervical smear but lacking transformation zone
R87.618	Oth abnormal cytolog findings on specimens from cervix uteri
R87.619	Unsp abnormal cytolog findings in specmn from cervix uteri
R87.810	Cervical high risk HPV DNA test positive
T81.40XA	Infection following a procedure, unspecified; initial encounter
T81.40XD	subsequent encounter
T81.40XS	sequela
T81.41XA	Infection following a procedure, superficial incisional surgical site, initial encounter
T81.41XD	subsequent encounter
T81.41XS	sequela
T81.42XA	Infection following a procedure, deep incisional surgical site, initial encounter
T81.42XD	subsequent encounter
T81.42XS	sequela
T81.43XA	Infection following a procedure, organ and space surgical site, initial encounter
T81.43XD	subsequent encounter
T81.43XS	sequela

T81.49XA	Infection following a procedure, other surgical site, initial encounter
T81.49XD	subsequent encounter
T81.49XS	sequela
T83.31XA	Breakdown (mechanical) of intrauterine contraceptive device, initial encounter
T83.31XD	Breakdown (mechanical) of intrauterine contraceptive device, subsequent encounter
T83.31XS	Breakdown (mechanical) of intrauterine contraceptive device, sequela
T83.32XA	Displacement of intrauterine contraceptive device, initial encounter
T83.32XD	Displacement of intrauterine contraceptive device, subsequent encounter
T83.32XS	Displacement of intrauterine contraceptive device, sequela
T83.39XA	Other mechanical complication of intrauterine contraceptive device, initial encounter
T83.39XD	Other mechanical complication of intrauterine contraceptive device, subsequent encounter
T83.39XS	Other mechanical complication of intrauterine contraceptive device, sequela
Z01.42	Encntr for cerv smear to cnfrm norm smr fol init abn smear
Z01.812	Encounter for preprocedural laboratory examination
Z01.818	Encounter for other preprocedural examination
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z29.13	Encounter for prophylactic Rho(D) immune globulin
Z30.011**	Encounter for initial prescription of contraceptive pills

Z30.012**	Encounter for prescription of emergency contraception
Z30.013**	Encounter for initial prescription of injectable contraceptive
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.015**	Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30.016**	Encounter for initial prescription of transdermal patch hormonal contraceptive device
Z30.017**	Encounter for initial prescription of implantable subdermal contraceptive
Z30.018**	Encounter for initial prescription of other contraceptives
Z30.019	Encounter for initial prescription of contraceptives, unspecified
Z30.02**	Counseling and instruction in natural family planning to avoid pregnancy
Z30.09**	Encounter for other general counseling and advice on contraception
Z30.2**	Encounter for sterilization
Z30.40	Encounter for surveillance of contraceptives, unspecified
Z30.41**	Encounter for surveillance of contraceptive pills
Z30.42**	Encounter for surveillance of injectable contraceptive
Z30.430**	Encounter for insertion of intrauterine contraceptive device
Z30.431**	Encounter for routine checking of intrauterine contraceptive device
Z30.432**	Encounter for removal of intrauterine contraceptive device
Z30.433**	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.44**	Encounter for surveillance of vaginal ring hormonal contraceptive device

Z30.45**	Encounter for surveillance of transdermal patch hormonal contraceptive device
Z30.46**	Encounter for surveillance of implantable subdermal contraceptive
Z30.49**	Encounter for surveillance of other contraceptives
Z30.8	Encounter for other contraceptive management
Z30.9	Encounter for contraceptive management, unspecified
Z31.430**	Encounter of female for testing for genetic disease carrier status for procreative management
Z31.438**	Encounter for other genetic testing of female for procreative management
Z31.440**	Encounter of male for testing for genetic disease carrier status for procreative management
Z31.441**	Encounter for testing of male partner of patient with recurrent pregnancy loss
Z31.5**	Encounter for procreative genetic counseling
Z31.61	Procreative counseling and advice using natural family planning
Z31.62	Encounter for fertility preservation counseling
Z32.00	Encounter for pregnancy test, result unknown
Z32.01	Encounter for pregnancy test, result positive
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z72.89	Other problems related to lifestyle
Z86.19	Personal history of other infectious and parasitic diseases
Z87.410	Personal history of cervical dysplasia
Z92.0	Personal history of contraception
Z97.5**	Presence of (intrauterine) contraceptive device

Z98.51**	Tubal ligation status
Z98.52**	Vasectomy status
Abortion Codes	
A34	Obstetrical tetanus
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
O02.1	Missed abortion
O04.5	Genital tract and pelvic infection following (induced) termination of pregnancy
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.7	Embolism following (induced) termination of pregnancy
O04.80	(Induced) termination of pregnancy with unspecified complications
O04.81	Shock following (induced) termination of pregnancy
O04.82	Renal failure following (induced) termination of pregnancy
O04.83	Metabolic disorder following (induced) termination of pregnancy
O04.84	Damage to pelvic organs following (induced) termination of pregnancy
O04.85	Other venous complications following (induced) termination of pregnancy
O04.86	Cardiac arrest following (induced) termination of pregnancy
O04.87	Sepsis following (induced) termination of pregnancy
O04.88	Urinary tract infection following (induced) termination of pregnancy
O04.89	(Induced) termination of pregnancy with other complications
O08.0	Genital tract and pelvic infection following ectopic and molar pregnancy
O08.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy

O08.6	Damage to pelvic organs and tissues following an ectopic and molar pregnancy
O08.82	Sepsis following ectopic and molar pregnancy
O20.0	Threatened abortion
O20.8	Other hemorrhage in early pregnancy
O20.9	Hemorrhage in early pregnancy, unspecified
Z33.2	Encounter for elective termination of pregnancy
Z64.0	Problems related to unwanted pregnancy
STD Codes	
A50.09	Other early congenital syphilis, symptomatic
A50.1	Early congenital syphilis, latent
A50.2	Early congenital syphilis, unspecified
A50.31	Late congenital syphilitic interstitial keratitis
A50.40	Late congenital neurosyphilis, unspecified
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.45	Juvenile general paresis
A50.49	Other late congenital neurosyphilis
A50.52	Hutchinson's teeth
A50.57	Syphilitic saddle nose
A50.59	Other late congenital syphilis, symptomatic
A50.6	Late congenital syphilis, latent
A50.7	Late congenital syphilis, unspecified
A50.9	Congenital syphilis, unspecified
A51.0	Primary genital syphilis
A51.1	Primary anal syphilis
A51.2	Primary syphilis of other sites
A51.31	Condyloma latum

A51.32	syphilitic alopecia
A51.39	Other secondary syphilis of skin
A51.41	Secondary syphilitic meningitis
A51.42	Secondary syphilitic female pelvic disease
A51.43	Secondary syphilitic oculopathy
A51.44	Secondary syphilitic nephritis
A51.45	Secondary syphilitic hepatitis
A51.46	Secondary syphilitic osteopathy
A51.49	Other secondary syphilitic conditions
A51.5	Early syphilis, latent
A51.9	Early syphilis, unspecified
A52.00	Cardiovascular syphilis, unspecified
A52.01	Syphilitic aneurysm of aorta
A52.02	Syphilitic aortitis
A52.03	Syphilitic endocarditis
A52.05	Other cerebrovascular syphilis
A52.06	Other syphilitic heart involvement
A52.09	Other cardiovascular syphilis
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.12	Other cerebrospinal syphilis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcôt's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
A52.71	Late syphilitic oculopathy
A52.72	Syphilis of lung and bronchus
A52.73	Symptomatic late syphilis of other respiratory organs
A52.74	Syphilis of liver and other viscera
A52.75	Syphilis of kidney and ureter

A52.76	Other genitourinary symptomatic late syphilis
A52.77	Syphilis of bone and joint
A52.78	Syphilis of other musculoskeletal tissue
A52.79	Other symptomatic late syphilis
A52.8	Late syphilis, latent
A52.9	Late syphilis, unspecified
A53.0	Latent syphilis, unspecified as early or late
A53.9	Syphilis, unspecified
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified
A54.03	Gonococcal cervicitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21	Gonococcal infection of kidney and ureter
A54.22	Gonococcal prostatitis
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease
A54.29	Other gonococcal genitourinary infections
A54.30	Gonococcal infection of eye, unspecified
A54.31	Gonococcal conjunctivitis
A54.32	Gonococcal iridocyclitis
A54.33	Gonococcal keratitis
A54.39	Other gonococcal eye infection
A54.40	Gonococcal infection of musculoskeletal system, unspecified
A54.41	Gonococcal spondylopathy
A54.42	Gonococcal arthritis

A54.43	Gonococcal osteomyelitis
A54.49	Gonococcal infection of other musculoskeletal tissue
A54.5	Gonococcal pharyngitis
A54.6	Gonococcal infection of anus and rectum
A54.81	Gonococcal meningitis
A54.82	Gonococcal brain abscess
A54.83	Gonococcal heart infection
A54.84	Gonococcal pneumonia
A54.85	Gonococcal peritonitis
A54.86	Gonococcal sepsis
A54.89	Other gonococcal infections
A55	Chlamydial lymphogranuloma (venereum)
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.09	Other chlamydial infection of lower genitourinary tract
A56.11	Chlamydial female pelvic inflammatory disease
A56.19	Other chlamydial genitourinary infection
A56.2	Chlamydial infection of genitourinary tract, unspecified
A56.3	Chlamydial infection of anus and rectum
A56.4	Chlamydial infection of pharynx
A56.8	Sexually transmitted chlamydial infection of other sites
A57	Chancroid
A58	Granuloma inguinale
A59.00	Urogenital trichomoniasis, unspecified
A59.01	Trichomonal vulvovaginitis
A59.02	Trichomonal prostatitis
A59.03	Trichomonal cystitis and urethritis
A59.09	Other urogenital trichomoniasis
A60.00	Herpesviral infection of urogenital system, unspecified

A60.01	Herpesviral infection of penis
A60.02	Herpesviral infection of other male genital organs
A60.03	Herpesviral cervicitis
A60.04	Herpesviral vulvovaginitis
A60.09	Herpesviral infection of other urogenital tract
A60.1	Herpesviral infection of penis
A60.9	Herpesviral infection of other urogenital tract
A63.0	Anogenital (venereal) warts
A64	Unspecified sexually transmitted disease
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
B20	Human immunodeficiency virus [HIV] disease
B37.3	Candidiasis of vulva and vagina
B37.31	Acute candidiasis of vulva and vagina
B37.32	Chronic candidiasis of vulva and vagina
B85.3	Phthiriasis
B86	Scabies
B97.7	Papillomavirus as the cause of diseases classified elsewhere
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with hematuria
N30.30	Trigonitis without hematuria
N30.31	Trigonitis with hematuria
N34.1	Nonspecific urethritis
N41.0	Acute prostatitis
N70.01	Acute salpingitis
N70.02	Acute oophoritis
N70.03	Acute salpingitis and oophoritis
N70.11	Chronic salpingitis
N70.12	Chronic oophoritis
N70.13	Chronic salpingitis and oophoritis
N70.91	Salpingitis, unspecified

N70.92	Oophoritis, unspecified
N70.93	Salpingitis and oophoritis, unspecified
N72	Inflammatory disease of cervix uteri
N73.5	Female pelvic peritonitis, unspecified
N73.9	Female pelvic inflammatory disease, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N88.0	Leukoplakia of cervix uteri
N89.0	Mild vaginal dysplasia
N89.1	Moderate vaginal dysplasia
N89.3	Dysplasia of vagina, unspecified
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z22.4	Carrier of infections with a predominantly sexual mode of transmission
Z72.51	High risk heterosexual behavior
**** Codes are for comprehensive Family Planning**	

VIII. Family Planning Procedure Codes:

OFFICE/HOSPITAL VISITS: Updated 10/6/25			
♦	Office/Hospital visits for family planning services	99202	--------

		99203	--------
		99204	--------
		99205	--------
		99211	--------
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		99285	--------
		Z7500	--------
		Z7506	--------
		Z7508	--------
		Z7510	--------
		Z7512	--------
BIRTH CONTROL:			
♦	Removal, implantable contraceptive capsules	11976-AG	--------
♦	Insertion, non-biodegradable drug delivery implant	11981-AG	--------
♦	Removal, non-biodegradable drug delivery implant	11982	--------
♦	Removal w/re-insertion, non-biodegradable drug delivery implant	11983	--------

♦	Cauterization of cervix	57510	--------
♦	Cervical Cap Fitting	57170-AG	--------
♦	IUD Insertion	58300-AG	--------
♦	IUD Removal	58301-AG	--------
♦	Emergency Contraceptive Kit –Ella	--------	J3490-U5
♦	Emergency Contraceptive Kit – Next Choice	--------	J3490-U6
♦	Medroxyprogesteone Acetate	--------	J3490-U8
♦	Segesterone/E. Estradiol 0.15mg/0.13mg, yrly sys, per each (effective 10/1/21)	--------	J7294
♦	E. Estradiol 0.15mg/0.12mg, monthly vag rind, per ring (effective 10/1/21)	--------	J7295
♦	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	--------	J7296
♦	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3-year duration	--------	J7297
♦	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5-year duration	--------	J7298
♦	IUD – Paragard (effective	--------	J7300
♦	Nuvaring Vulva Ring	--------	J7303
♦	Ortho Evra Patch	--------	J7304
♦	Contraceptive implant	--------	J7307
♦	Contraceptive pills for birth control	--------	S4993
LAB (Professional/Technical Modifier may be Required):			
♦	Lipid Panel	80061	--------
♦	Liver Panel	80076	--------
♦	Urinalysis, non-automated with microscopy	81000	--------
♦	Urinalysis, automated with microscopy	81001	--------
♦	Urinalysis, non-automated without microscopy	81002	--------
♦	Urinalysis, automated without microscopy	81003	--------
♦	Urinalysis (Dipstick)	81005	--------

♦	Urinalysis (Micro)	81015	--------
♦	Pregnancy Test	81025	--------
♦	Assay Calcium i Blood	82310	--------
♦	Cholesterol	82465	--------
♦	Glucose	82947	--------
♦	Immunoassay, Analyte, by radioimmunoassay (EG,RIA)	83519	--------
♦	Assay Serum Iron	83540	--------
♦	Serum Iron Binding Test	83550	--------
♦	Assay body fluid acidity	83986+	--------
♦	Bleeding Time Test	85002	--------
♦	Blood Count, Manual Blood Smear Exam w/o manual differential parameters	85008	--------
♦	Hematocrit (Spun, Microhematocrit)	85013	--------
♦	Hematocrit	85014	--------
♦	Hemogloblin	85018	--------
♦	Automated Hemogram, w/Auto Differential WBC Count	85025	--------
♦	Automated Hemogram	85027	--------
♦	Reticulyte Count	85045	--------
♦	Prothrombin time	85610	--------
♦	Sedimentation rate, erythrocyte, non-automated	85651	--------
♦	Sedimentation rate, erythrocyte, automated	85652	--------
♦	Thromboplastin time, partial	85730	--------
♦	Chlamydia (Fluorescent Antibody Screen)	86255	--------
♦	Immunoassay for infectious agent antibody, qualitative or semi-quantitative, single step method	86318	--------
♦	Particle agglutination; screen, each antibody	86403	--------
♦	VDRL-RPR (Syphilis)	86592	--------
♦	Blood serology, quantitative	86593	--------
♦	Chlamydia (Antibody)	86631	--------
♦	HIV (HTLV I)	86687	--------

♦	HIV (HTLV II)	86688	--------
♦	HIV (HTLV or HIV Antibody, Confirmatory Test, E.G., Western Blot)	86689	--------
♦	Herpes (Non-specific Test)	86694	--------
♦	Herpes (Type I)	86695	--------
♦	HIV - 1	86701	--------
♦	HIV - 2	86702	--------
♦	HIV - 1 and HIV - 2, Single assay	86703	--------
♦	Hepatitis B Core Antibody (HbcAb)	86704	--------
♦	Treponema Pallidum	86780	--------
♦	Antibody Screen, RBC, each Serum Technique	86850	--------
♦	Antihuman Globulin test; direct, each antibody (Coombs)	86880	--------
♦	Antihuman globulin test; indirect, qualitative, each reagent red cell(Coombs Test)	86885	--------
♦	RH Typing	86901	--------
♦	Blood Typing, RBC Antigens, other than ABO or Rh(D), each	86905	--------
♦	Culture, bacterial; blood, aerobic, w/isolation & Presumptive ID of Isolates; any other source except urine, Blood, or stool.	87070	--------
♦	Culture, presumptive, pathogenic organisms, screening only	87081	--------
♦	Chlamydia (Culture)	87110	--------
♦	Dark Field Examination, any source includes specimen collection	87164	--------
♦	Dark Field Examination, any source includes specimen without collection	87166	--------
♦	Ova and/or Parasites direct smears, concentration & ID	87177	--------
♦	Antibiotic Sensitivity, Each	87181	--------
♦	Antibiotic Sensitivity, Each	87184	--------
♦	Antibiotic Sensitivity, Mic	87186	--------
♦	Gram Stain	87205	--------
♦	Smear (Fluorescent Stain for Bacteria, fungi, or cell types)	87206	--------
♦	Herpes (Special Stain for Inclusion Bodies)	87207	--------

♦	Wet Mount	87210	--------
♦	Virus Identification	87252	--------
♦	Virus Isolation Incl Identification by Non-Immounologic Method	87255	--------
♦	Chlamydia trachomatis, Infectious Agent Antigen Detection by Immunoflourescent technique; adenovirus	87270	--------
♦	Infectious Agent Antigen Detection Herpes Simplex Virus Type 2	87273	--------
♦	Herpes Simplex Virus 1	87274	--------
♦	Treponema Pallidum, Infectious Agent antigen	87285	--------
♦	Chlamydia trachomatis, Infectious Agent Antigen Detection by Enzyme Immunoassay Technique	87320	--------
♦	Hepatitis B Surface Antigen, Infectious Agent Antigen	87340	--------
♦	HIV-1 AG W/HIV-1 & HIV-2 AB	87389	--------
♦	Chlamydia trachomatis, Direct Probe Technique	87490	--------
♦	Infectious agent detection by nucleic acid (DNA or RNA) CHL	87491	--------
♦	Infectious agent detection by nucleic acid (DNA or RNA)	87529	--------
♦	Infectious agent detection by nucleic acid (DNA or RNA) HIV	87535	--------
♦	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma gentalium, emplified probe technique	87563	--------
♦	Neisseria Gonorrhoeae, Direct Probe Technique	87590	--------
♦	Neisseria Gonorrhoeae, Amplified Probe Technique	87591	--------
♦	HPV High-Risk Types	87624	--------
♦	HPV Types 16 & 18 only	87625	--------
♦	Trichomonas vaginalis amplif	87661	--------
♦	Infectious agent detection by nucleic acid (DNA or RNA)	87798	--------
♦	Infectious agent detection by nucleic acid	87800	--------
♦	Infectious agent detection by aplified probe technique	87801	--------
♦	HIV Antigen w/HIV Antibodies	87806	--------
♦	Trichomonas assay w/optic	87808	--------

♦	Cytopathology, cervical or vaginal (any reporting system)	88141	--------
♦	Cytopathology, cervical or vaginal	88142	--------
♦	Cytopathology, cervical or vaginal	88143	--------
♦	Cytopathology smears, cervical or vaginal	88147	--------
♦	Cytopathology smears, cervical or vaginal	88148	--------
♦	Pap Smear	88150	--------
♦	Cytopathology smears, cervical or vaginal	88152	--------
♦	Cytopathology smears, cervical or vaginal	88153	--------
♦	Cytopathology slides, cervical or vaginal	88164	--------
♦	Cytopathology slides, cervical or vaginal	88165	--------
♦	Cytopathology slides, cervical or vaginal	88166	--------
♦	Cytopathology slides, cervical or vaginal	88167	--------
♦	Cytopathology, cervical or vaginal	88174	--------
♦	Cytopathology, cervical or vaginal	88175	--------
♦	Chromosome Analysis, score 50 – 100 cells, count 20 cells, 2 Karyotypes	88248	--------
♦	Chromosome Analysis; 5 Cells, 1 Karyotype w/ banding	88261	--------
♦	Chromosome Analysis; 15-20 Cells, 2 Karyotypes w/ banding	88262	--------
♦	Surgical pathology, gross examination only	88300	--------
♦	Surgical pathology, complete	88302	--------
♦	Surgical pathology, complete Level IV	88305	--------
♦	Immunocytochemistry	88342	--------
♦	Surgical pathology, complete Level V	88307	--------
♦	Blood Drawn (Exam)	99000	--------
♦	Wet mounts, incl.preparations of vaginal,cervical or skin specimens	Q0111	--------
DRUGS/INJECTIONS/SUPPLIES:			
♦	Surgical Supply Misc	--------	A4649
♦	Atropine Sulfate upto 0.3mg	--------	J0461

♦	Penicillin G Benzathine	--------	J0561
♦	Cefoxitin – 1 gm	--------	J0694
♦	Ceftriaxone Sodium - 250 mg/vial	--------	J0696
♦	Digoxin – 0.25 mg/ml (lanoxin)	--------	J1160
♦	Garamycin, gentamicin, up to 80 mg	--------	J1580
♦	Heparin Lock Flush Solution 100 units/ml	--------	J1642
♦	Droperidol (2.5 mg/ml)	--------	J1790
♦	Lidocaine HCL for IV Infusion, 10 mg	--------	J2001
♦	Methylergonovine Maleate 0.2 mg./ml	--------	J2210
♦	Midazolam hydrochloride, per 1mg	--------	J2250
♦	Oxytocin (10 units)	--------	J2590
♦	Fentanyl - .05 mg/ml (sublimaze)	--------	J3010
♦	Doxapram HCL 20mg (NDC code required with J3490)	--------	J3490
♦	Plan B Emergency Contraceptive	--------	J3490-U6
♦	Skyla Intrauterine System	--------	J7301
♦	Mifepristone, oral, 200 mgs (RU-486)	--------	S0190
♦	Mifepristol, buccal, 200 mcg	--------	S0191
♦	Doxycycline 100mg	--------	S5000 / S5001
♦	Sterile Tray	--------	Z7610
♦	Supplies/Drugs for Norplant Removal	11976-UB	--------
		11976-UA	--------
♦	Supplies/Drugs For Destruction of lesions(s), penis, Simple; Chemical	54050- UA	--------
♦	Supplies/Drugs For Destruction of lesions(s), penis, Cryosurgery	54056- UA	--------
♦	Supplies/Drugs For Biopsy of penis	54100- UA	--------
♦	Supplies/Drugs for Biopsy of Vulva/Perineum	56605- UA 56605- UB	--------
♦	Supplies/Drugs for Destruction Vagina Lesions	57061-UA	--------
		57061-UB	--------

♦	Supplies/Drugs for Vagina Examination & Biopsy	57454- UA	--------
		57454- UB	--------
♦	Supplies/Drugs for Colposcopy (Vaginoscopy) with Loop Electrosurgical Excision of Cervix	57460-UA	--------
		57460-UB	--------
♦	Supplies/Drugs for Conz of Cervix W/Scope, Leep	57461-UA	--------
		57461-UB	--------
♦	Supplies/Drugs for Cauterization of Cervix	57510-UA	--------
		57510-UB	--------
♦	Supplies/Drugs for IUD Insertion Without General Anesthesia	58300- UA	--------
		58300-UB	--------
♦	Supplies/Drugs for IUD Removal Without General Anesthesia	58301- UA	--------
♦	Supplies/Drugs for IUD Removal With General Anesthesia	58301-UB	--------
♦	Supplies/Drugs for Hysteroscopy, sterilization, without General Anesthesia	58565-UA	--------
♦	Supplies/Drugs for Hysteroscopy, sterilization, with General Anesthesia	58565-UB	--------
♦	Supplies/Drugs for Induced Abortion, By Dilation and Curettage, Without General Anesthesia	59840- UA	--------
♦	Supplies/Drugs for Induced Abortion, By Dilation and Curettage, With General Anesthesia	59840-UB	--------
♦	Supplies/Drugs for Induced Abortion, By Dilation and Evacuation, Without General Anesthesia	59841- UA	--------
♦	Supplies/Drugs for Induced Abortion, By Dilation and Evacuation, With General Anesthesia	59841-UB	--------
♦	Supplies/Drugs for Induced Abortion, by one or more intra-amniotic injections including hospital admission and visits, delivery of fetus and secundines, Without General Anesthesia	59850- UA	--------
♦	Supplies/Drugs for Induced Abortion, by one or more intra-amniotic injections including hospital admission and visits, delivery of fetus and secundines, With General Anesthesia	59850-UB	--------
♦	Supplies/Drugs for Induced Abortion, with dilation and curettage and/or evacuation, Without General Anesthesia	59851- UA	--------
♦	Supplies/Drugs for Induced Abortion, with dilation and curettage and/or evacuation, With General Anesthesia	59851-UB	--------

♦	Supplies/Drugs for Induced Abortion, with Hysterotomy, Without General Anesthesia	59852- UA	--------
♦	Supplies/Drugs for Induced Abortion, with Hysterotomy, With General Anesthesia	59852-UB	--------
♦	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines, Without General Anesthesia	59855- UA	--------
♦	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines, With General Anesthesia	59855-UB	--------
♦	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation, Without General Anesthesia	59856- UA	--------
♦	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation, With General Anesthesia	59856-UB	--------
♦	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, Without General Anesthesia	59857- UA	--------
♦	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, With General Anesthesia	59857-UB	--------
♦	Rh0D Immune Globin (Rh1g) Full Dose (End dated 8/31/20)	90384	--------
♦	Mini RhIg Human (End dated 8/31/20)	90385	--------
♦	HPV Vaccine Non-Valent (effective 1/1/20)	90651	--------
♦	IV Infusion Up to 1 Hour	96360	--------
♦	IV Infusion Additional Hour	96361	--------
♦	IV Infusion for therapy, prophylaxis, or diagnoses up to 1 hr	96365	--------
♦	IV Infusion Additional Hour	96366	--------
♦	IV Infusion Additional seq. inf. up to 1 hr	96367	--------
♦	Concurrent infusion	96368	--------
♦	Therapeutic Injection	96379	--------
♦	Supplies Provided by the Physician over and Above Those Usually Included With Office Visit	99070	--------

♦	Other Contraceptive Supplies	--------	A4261
	-Cervical Cap	--------	A4266
	-Cervical Cap	--------	A4267
	-Cervical Cap	--------	A4268
	-Diaphragm	--------	A4269-U1
	-Foam/Cream/Jelly/Film	--------	A4269-U2
	-Condoms	--------	A4269-U3
	-Sponge	--------	A4269-U4
	-Spermicide	--------	A4269-U5
	-Cervical Cap	--------	S5199
ULTRASOUNDS/X-RAYS (Professional/Technical Modifier Required):			
♦	X-Ray exam of chest	71046	--------
♦	X-Ray exam of abdomen	74018	--------
♦	Hysterosalpingography, radiological supervision and interpretation	74740	--------
♦	Radiological Guidance for Percutaneous Drainage of Abscess, or Specimen	75989	--------
♦	Echography, Pregnant Uterus, Complete, 1st trimester	76801	--------
♦	Echography, OB, < 14 Wks addl fetus	76802	--------
♦	Echography, Pregnant Uterus, Complete, after 1st trimester	76805	--------
♦	Echography, Pregnant Uterus, each additional gestation	76810	--------
♦	Echography, OB, detailed single fetus	76811	--------
♦	Echography, OB, detailed addl fetus	76812	--------
♦	Echography, OB, Nuchal Meas 1 gest	76813	--------
♦	Echography, OB, Nuchal Meas add-on	76814	--------
♦	Echography, Pregnant Uterus, Limited	76815	--------
♦	Echo exam follow-up or repeat	76816	--------
♦	Echo, transvaginal Obstetric	76817	--------
♦	Echography, Transvaginal, Non-OB	76830	--------
♦	Ultrasound pelvic (nonobstetric), real time with image documentation; limited or follow up	76857	--------

♦	Ultrasound Xtr Non-Vasc Lmtd	76882	--------
♦	Echo Guide for Biopsy	76942	--------
♦	Echo Guide for Amniocentesis	76946	--------
♦	Echo Exam At Surgery	76998	--------
♦	Acute venous thrombosis imaging, peptide	78456	--------
SURGERY/ANESTHESIA:			
♦	Anesth, Surgery of Abdomen	00840	--------
♦	Anesth, Hysterectomy	00846	--------
♦	Anesth, Pelvic Organ Surg	00848	--------
♦	Anesth, Tubal Ligation	00851	--------
♦	Anesth, Surgery of Abdomen	00860	--------
♦	Anesth, Male Genitalia	00920	--------
♦	Anesth, Vasectomy	00921	--------
♦	Anesth, Sperm Duct Surgery	00922	--------
♦	Anesth, Vaginal Procedures	00940	--------
♦	Anesth, Surgery on Vagina	00942	--------
♦	Anesth, Vaginal Hysterectomy	00944	--------
♦	Anesth, Vaginal Endoscopy	00950	--------
♦	Anesth, Uterine Endoscopy	00952	--------
♦	Anesth-Abortion Procedures	01965	--------
		01966	--------
♦	Unlisted Anesth Procedure	01999	--------
♦	Incision and drainage of abscess; complicated	10061	--------
♦	Complex drainage, wound	10180	--------
♦	Introduction of needle or intracatheter, vein	36000-50	--------
♦	Destruction, anal lesion	46900	--------
♦	Cryosurgery, anal lesion(s)	46916	--------
♦	Destruction of Lesion(s), penis; Simple, Chemical	54050	--------
♦	Destruction of Lesions (s), penis; Cryosurgery	54056	--------

♦	Destruction of penis lesion(s); extensive	54065+	--------
♦	Biopsy of penis	54100	--------
♦	Exploration of epididymis, with or without biopsy	54865	--------
♦	Scrotal exploration	55110	--------
♦	Vasectomy, unilateral or bilateral (separate procedure) including postoperative semen examination(s)	55250	--------
♦	Excision of lesion or spermatic cord (separate procedure)	55520	--------
♦	Destruction of vulva lesion(s); simple	56501+	--------
♦	Destruction, Vulva Lesion(s); extensive	56515	--------
♦	Biopsy of Vulva/Perineum	56605	--------
♦	Destruction Vagina Lesions	57061	--------
♦	Destruction, Vaginal Lesions(s); extensive	57065	--------
♦	Destruction of vagina lesion(s); extensive	57065+	--------
♦	Colposcopy (vaginoscopy)	57452	--------
♦	Vagina Examination & Biopsy	57454	--------
♦	Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix.	57455	--------
♦	Colposcopy of the cervix includes upper/adjacent vagina with endocervical curettage.	57456	--------
♦	Colposcopy (Vaginoscopy) with Loop Electrosurgical Excision of Cervix	57460	--------
♦	Conz of Cervix W/Scope, Leep	57461	--------
♦	Cryocautery of cervix; endocervical curettage; initial or repeat	57511+	--------
♦	Laser ablation of the cervix	57513	--------
♦	Revision of cervix	57720	--------
♦	Endometrial sampling (biopsy) with or without endrocervical samplings (biopsy) w/out dilation, any method, (separate procedure)	58100	--------
♦	Endometrial sampling (biopsy) performed w/colposcopy (add-on code)	58110	--------
♦	Hysteroscopy, diagnostic	58555	--------
♦	Hysteroscopy, sterilization	58565	--------

♦	Ligation or transection of fallopian tube, unilateral or bilateral, abdominal or vaginal approach.	58600	--------
♦	Ligation or transection of fallopian tube(s), unilateral or bilateral, abdominal or vaginal approach, postpartum during same hospitalization (separate procedure)	58605	--------
♦	Ligation or transection of fallopian tube, when done at the time of cesarean section or intra-abdominal surgery	58611	--------
♦	Occlusion of fallopian tube(s) by device (e.g. band clip, or Falope ring), vaginal or suprapubic approach	58615	--------
♦	Laparoscopy, surgical with removal of adnexal structures	58661	--------
♦	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	58670	--------
♦	Laparoscopy, surgical; with occlusion of oviduct by device (e.g. band, clip, or Falope ring) (1994 CPT)	58671	--------
♦	Salpingectomy, complete or partial, unilateral or bilateral	58700	--------
♦	Amniocentesis	59000	--------
♦	Fetal Scalp Blood Sample	59030	--------
♦	Induced Abortion, By Dilation and Curettage	59840-AG	--------
♦	Induced Abortion, By Dilation and Evacuation	59841-AG	--------
♦	Induced Abortion, by one or more intra-amniotic injections, including hospital admission and visits, delivery of fetus and secundines	59850-AG	--------
♦	Induced Abortion, with dilation and curettage and/or evacuation	59851-AG	--------
♦	Induced Abortion, with Hysterotomy	59852-AG	--------
♦	Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines	59855-AG	--------
♦	Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation	59856-AG	--------
♦	Induced Abortion, by one or more vaginal suppositories with Hysterotomy	59857-AG	--------
♦	Nerve Block Injection	64435-AG	--------
♦	Moderate sedation, same physician	99152	--------

♦	Moderate sedation, same physician/qhp each	99153	--------
♦	Moderate sedation	99155	--------
♦	Medical abortion	--------	S0199
MISCELLANEOUS			
♦	Visceral Vascular Study	93975 / 93976	--------
		93978 / 93979	--------
♦	Ear/pulse oximetry oxygen sat	94760	--------
+	Procedure code qualify as family planning bypass service if billed with a STD diagnosis (A51.0, A51.1, A51.2, A51.31, A51.39, A51.41, A51.42, A51.43, A51.44, A51.45, A51.46, A51.49, A51.5, A51.9, A52.00, A52.01, A52.02, A52.03, A52.04, A52.05, A52.06, A52.09, A52.10, A52.11, A52.12, A52.13, A52.14, A52.15, A52.16, A52.17, A52.19, A52.2, A52.3, A52.71, A52.72, A52.73, A52.74, A52.75, A52.76, A2.77, A52.78, A52.79, A52.8. A52.9, A53.0, A53.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.22, A54.23, A54.24, A54.29, A54.30, A54.31, A54.32, A54.33, A54.39, A54.40, A54.41, A54.42, A54.43, A54.49, A54.5, A54.6, A54.81, A54.82, A54.83, A54.84, A54.85, A54.86, A54.89, A55, A56.01, A56.02, A56.09, A56.11, A57, A58, A59.00, A59.01, A59.02, A59.03, A59.09, A60.00, A60.01, A60.02, A60.03, A60.04, A60.09, A60.1, A60.9, A63.0, A64, B07.0, B07.8, B07.9, B08.1, B20, B37.3, B85.3, B86, B97.7, N30.00, N30.01, N30.30, N34.1, N41.0, N70.01, N70.02, N70.03, N70.11, N70.12, N70.13, N70.91, N70.92, N70.93, N72, N73.5, N73.9, N76.0, N76.1, N76.2, N76.3, N77.1,N88.0, N89.0, N89.1, N89.3, Z11.3, Z11.8, Z20.2, Z22.4, Z72.51) for dates of service on or after 6/01/01.		
**	**Note** – Eff. for dates of service on or after 11/1/10, Modifier UA (Medicaid Level of Care 10) and UB (Medicaid Level of Care 11)		

IX. REFERENCES:
A.

X. DISTRIBUTION:
A. PARTNERSHIP4ME PowerDMS Policies & Procedures

XI. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

XII. REVISION DATES: