



Medicaid Provider Manual



Family Planning Covered Codes -- *Plan First!*

This document provides a current list of covered codes for the *Plan First!* family planning program. This information can be found on the MDCH website at www.michigan.gov/mdch, click on Providers >> Information for Medicaid Providers >> Provider Specific Information. This list will be updated when codes are added or deleted.

The *Plan First!* family planning program is a limited services benefit which covers office visits, routine laboratory, diagnostic tests and surgical procedures associated with family planning. Initial treatment for Sexually Transmitted Infections (STI) is covered when provided in conjunction with other family planning services. The *Plan First!* family planning program will cover all pharmaceuticals within the therapeutic drug classes appearing in Table 6 as they relate to family planning, initial treatment of STIs and sterilization services.

The Current Procedural Terminology (CPT) codes listed below in Tables 1 - 4 will only be covered when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 5. All services billed must include an ICD-9-CM diagnosis code in the V25 series on the claim form. Services provided under this waiver are limited to the codes identified in this document.

Covered CPT Codes

Table 1

Evaluation and Management (Office Visit) Codes	
Codes are covered only if they are provided for a family planning visit.	
CPT Code	Description
99201	Office/outpatient visit, new
99202	Office/outpatient visit, new
99203	Office/outpatient visit, new
99211	Office/outpatient visit, established
99212	Office/outpatient visit, established
99213	Office/outpatient visit, established
99385	Preventive visit, new, ages 18-39
99386	Preventive visit, new, ages 40-64
99395	Preventive visit, established ages 18-39
99396	Preventive visit, established, ages 40-64

Table 2

Procedure and Laboratory Codes	
Codes are covered only if they are provided during an initial, annual or periodic family planning visit	
CPT Code	Description
11975	Insertion of contraceptive cap
11976	Removal of contraceptive cap
11977	Removal/reinsertion of contraceptive cap



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Procedure and Laboratory Codes	
Codes are covered only if they are provided during an initial, annual or periodic family planning visit	
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device
58301	Removal of intrauterine device
90772	Therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular
80048	Basic Metabolic Panel
80053	Comprehensive Metabolic Panel
80076	Hepatic Function Panel
81000	Urinalysis, non-auto w/scope
81001	Urinalysis, auto w/scope
81002	Urinalysis, non-auto w/o scope
81003	Urinalysis, auto w/o scope
81015	Microscopic exam of urine
81025	Urine pregnancy test
82465	Assay, blood/serum cholesterol
82947	Assay, glucose, blood quantitative
82948	Reagent strip/blood glucose
84703	Chorionic gonadotropin assay
85013	Spun microhematocrit
85014	Hematocrit
85018	Hemoglobin
86592	Syphilis test, qualitative (e.g., VDRL, RPR, ART)
85660	RBC sickle cell test
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701	HIV – 1
86702	HIV – 2
86703	HIV – 1 and HIV – 2 single assay
86781	Antibody; Treponema Pallidum, confirmatory test (e.g., FTA-abs)
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87075	Culture any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture aerobic identify
87081	Culture screen only
87110	Culture, chlamydia, any source
87205	Smear, gram stain
87207	Smear, special stain
87210	Smear, wet mount, saline/ink
87270	Chlamydia trachomatis AG IF
87273	Herpes simplex virus type 2



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Procedure and Laboratory Codes

Codes are covered only if they are provided during an initial, annual or periodic family planning visit

87274	Herpes simplex virus type 1
87340	Hepatitis B surface antigen (HbsAg)
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; Chlamydia trachomatis
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87590	Neisseria gonorrhoeae, DNA direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by a physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision.
88143	Cytopathology, with manual screening and re-screening under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	Cytopathology, with manual screening and re-screening under physician supervision
88166	Cytopathology, with manual screening and computer assisted re-screening under physician supervision
88167	Cytopathology, manual screening and computer assisted re-screening using cell selection and review under physician supervision

Table 3

Contraceptive Supply Codes

CPT/HCPCS Code	Description
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male
A4268	Contraceptive supply, condom, female
A4269	Contraceptive supply, spermicide (e.g., foam, gel)
J0696	Injection, Ceftriaxone sodium, per 250 mg
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25mg
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Hormone containing vaginal ring, each
J7304	Hormone containing patch, each
J7307	Etonogestrel implant system
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gm
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies
S4993	Contraceptive pills for birth control

**Table 4**

Sterilization Procedure Codes	
CPT Code	Description
00840	Anesthesia, surg, lower abdomen
00851	Anesthesia, tubal ligation/transaction
00952	Anesthesia, hysteroscope/graph
58565	Bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring), vaginal or suprapubic approach
58670	Laparoscopy, surgical, with fulguration of oviducts (with or without transection)
58671	Laparoscopy with occlusion of oviducts by device (band, clip or Falope ring)

ICD-9-CM Codes**Table 5**

ICD-9-CM Diagnosis Codes	
ICD-9-CM Code	Description
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive device
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.09	Other counseling and advice for contraceptive management
V25.1	Insertion of Intrauterine Contraceptive
V25.2	Sterilization
V25.3	Menstrual Extraction
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine contraceptive device
V25.43	Implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management
V25.9	Unspecified contraceptive management



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Pharmaceuticals

This program will cover antiviral medications for the initial treatment of a STI, which is limited to general antiviral and topical antiviral medications. This does not include pharmaceuticals for the treatment of Hepatitis B, Hepatitis C, or HIV.

Table 6

Drug Therapeutic Class	
Description	Description
Contraceptives, Non-systemic	Cephalosporins
Systemic Contraceptives	Trimethoprim
Tetracyclines	Antivirals
Penicillins	Narcotic Analgesics (for sterilization surgical procedures)
Erythromycins	Non-Narcotic Analgesics (for sterilization surgical procedures)
Streptomycins	Antifungals
Flagyl	