

SECTION 4
PROCEDURE CODES

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PREVENTIVE AND REHABILITATIVE SERVICES FOR PRIMARY CARE ENHANCEMENT (P/RSPCE)

- Only providers who have a contract for P/RSPCE may provide and bill for this service.
- Only direct, one-on-one contact with the beneficiary, parent, and/or caregiver (*e.g.*, for infants or mentally impaired individuals) will be billable.
- Documentation time (*e.g.*, time spent writing letters to physicians about the patient, faxing or photocopying information about the patient, setting up the medical record, and making clinical entries about the visit) is considered an integral part of service delivery and should not be billed separately.
- All P/RSPCE must be billed under the Medicaid number of the patient who is the primary target of the assessment/intervention. All P/RSPCE services must have a direct and significant impact on the patient under whose Medicaid number they are billed. Documentation must occur in the medical record of the person who is being billed (*e.g.*, mother-baby unit. If the provider is working on problems related to the mother, then documentation must appear in the mother's record. If the provider is working on problems related to the baby, then documentation must appear in the baby's record).
- P/RSPCE assessment/service planning and other P/RSPCE interventions, with support documentation, may be billed for the same date of service.
- A Postpartum/Infant Home Visit (PP/IHV) and a P/RSPCE home visit **may not** be provided by the same provider on the same day.
- Section 3 should be consulted for further information regarding billing.
- A unit generally represents 15 minutes of time spent delivering the service. When billing for units of service, indicate only the number of units that were required to provide the service (do not indicate minutes). In all instances, service documentation should justify the number of units billed.

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PSPCE Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S0315*	Disease Management Program; Initial Assessment and Initiation of the Program	Eight units per contract year (15 minutes per unit)	11, 12, 21, 22, 71, 72, 99

*** Must use appropriate modifier for level of staff performing service:**

TD = Registered Nurse

TE = LPN

HN = Person w/ bachelor's

HO = Person w/ master's

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S9445*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session	As indicated**	11, 12, 21, 22, 71, 72, 99
S9446*	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session	As indicated**	11, 12, 21, 22, 71, 72, 99

*** Must use TS modifier.**

**** A provider is authorized to bill up to a maximum of 64 (15-minute) units per contract year for service delivery (i.e., Patient Education, Follow-up/ Reassessment, and Health and Behavior Intervention).**

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RSPCE Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S0315*	Disease Management Program; Initial Assessment and Initiation of the Program	Eight units per contract year (15 minutes per unit)	11, 12, 21, 22, 71, 72, 99

*** Must use appropriate modifier for level of staff performing service:**

TD = Registered Nurse
TE = LPN
HN = Person w/ bachelor's
HO = Person w/ master's

<u>Procedure Code</u>	<u>Description</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
S0316*	Follow-up/ Reassessment	As indicated**	11, 12, 21, 22, 71, 72, 99
96153*	Health and Behavior Intervention, Each 15 Minutes; Face-To-Face; Group (two or more patients)	As indicated**	11, 12, 21, 22, 71, 72, 99

*** Must use appropriate modifier to distinguish level of staff providing service:**

TD = Registered Nurse
TE = LPN
HN = Person w/ bachelor's
HO = Person w/ master's
HM = Paraprofessional

**** A provider is authorized to bill up to a maximum of 64 (15-minute) units per contract year for service delivery (i.e., Patient Education, Follow-up/Reassessment, and Health Behavior Intervention).**

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POSTPARTUM/INFANT HOME VISIT

Only providers who are enrolled with Medicaid to provide the Postpartum/Infant Home Visit may bill for this service.

Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Frequency</u>	<u>Place of Service</u>
99501*	Postpartum/Infant Home Visit <ul style="list-style-type: none"> • Mother and infant/s • Mother only • Infant/s only 	1	12, 99

*** In cases of multiple births, procedure codes 99501 and 99501-52 may not be billed separately for each individual infant. If a repeat visit (procedure code 99501-52) is made to more than one individual in the same household on the same day, only one visit may be billed.**

99501-52*	Postpartum Home Visit — Repeat <ul style="list-style-type: none"> • Mother and infant/s • Mother only • Infant/s only 	1	12, 99
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*** Must use 52 modifier.**

If the nurse makes the initial Postpartum/Infant Home Visit and the infant, mother, or one of a set of twins (triplets, etc.) is not present, the follow-up visit to see the absent individual must be billed as a Repeat Visit using that person's Medicaid number.

PRE-DISCHARGE HOME VISIT

Only providers who are enrolled with Medicaid to provide the Pre-Discharge Home Visit may bill for this service.

Billing Codes

<u>Procedure Code</u>	<u>Description</u>	<u>Frequency</u>	<u>Place of Service</u>
T1028-HA*	Assessment of Home Physical and Family Environment to Determine Suitability to Meet Patient's Medical Needs	1	12, 99

*** Must use HA modifier.**

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MEDICAID ADOLESCENT PREGNANCY PREVENTION SERVICES (MAPPS)

Services provided to a female client known to be pregnant are not considered family planning; therefore, they are not billable.

Only providers who are enrolled to provide MAPPS may bill for this service.

Billing Codes

<u>Procedure Code</u>	<u>Level of Service</u>	<u>Unit of Service</u>	<u>Unit Frequency</u>	<u>Place of Service</u>
T1023*	Screening to Determine the Appropriateness of Consideration of an Individual for Participation in a Specified Program, Project, or Treatment Protocol	15 minutes	Up to a maximum of four units per state fiscal year** for assessment/case plan	03, 11, 12, 99
S9445* (Individual)	Patient Education, Not Otherwise Specified, Non-Physician Provider, Individual, Per Session	15 minutes	Up to a maximum of 64 units per state fiscal year	03, 11, 12, 99
S9446* (Group)	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session	15 minutes	A minimum of three units per session Up to a maximum of 64 units per lifetime (if the participant is not sexually active) Up to a maximum of 64 units per state fiscal year (if the patient is sexually active)	03, 11, 12, 99

*** Must use FP modifier**

**** State fiscal year = July 1 through June 30**

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FAMILY PLANNING WAIVER SERVICES

Billing Codes

Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
00851	Anesthesia, intraperitoneal procedure, lower abdomen, including laparoscopy; tubal ligation/transection		x	May only be billed with sterilization procedure
00952	Anesthesia for vaginal procedure (including biopsy of labia, vagina, cervix, or endometrium); hysteroscopy and/or hysterosalpingography.		x	May only be billed with sterilization procedure
11975	Insertion, implantable contraceptive capsules	x		
11976	Removal, implantable contraceptive capsules	x		
11977	Removal with reinsertion, implantable contraceptive capsules	x		
11981	Insertion, non-biodegradable drug delivery implant		x	May be billed with Implanon™ (etonogestrel implant)
11982	Removal, non biodegradable drug delivery implant		x	May be billed with Implanon™ removal
11983	Removal, with reinsertion, non-biodegradable drug delivery implant		x	May be billed with Implanon™ removal and reinsertion
36415	Collection of venous blood by venipuncture		x	
36416	Collection of capillary blood specimen		x	
57170	Diaphragm or cervical cap fitting w/ instructions	x		
58300	Insertion of intrauterine device	x		
58301	Removal of intrauterine device	x		

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography		x	May only be billed with Essure™ procedure
58565	Laparoscopy/Hysteroscopy with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	x		Requires completed sterilization form prior to procedure
58600	Ligation or transaction of fallopian tube(s), and or vaginal, unilateral or bilateral		x	Requires completed sterilization form prior to procedure
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip) vaginal or suprapubic approach		x	Requires completed sterilization form prior to procedure
58670	Laparoscopy with fulguration of oviducts (with or without transection)	x		Requires completed sterilization form prior to procedure
58671	Laparoscopy with occlusion of oviducts by device (e.g., band, clip)	x		Requires completed sterilization form prior to procedure
71010	Radiologic examination, chest; single view, frontal		x	
74740	Hysterosalpingography, radiological supervision and interpretation		x	May only be billed after Essure™ procedure
76830	Ultrasound, transvaginal		x	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		x	
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up		x	

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
80048	Basic metabolic panel		x	May be billed with sterilization procedure only
81000	Urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, PH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy		x	May be billed with initial or annual visit only
81001	Urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, PH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy		x	May be billed with initial or annual visit only
81002	Urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, PH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy		x	May be billed with initial or annual visit only
81003	Urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, PH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy		x	May be billed with initial or annual visit only
81005	Urinalysis; qualitative or semiquantitative, except immunoassaysal kit		x	May be billed with initial or annual visit only
81007	Urinalysis; bacteriuria screen, by non-culture technique, commercial kit		x	May be billed with initial or annual visit only
81015	Urinalysis microscopic only		x	May be billed with initial or annual visit only
81020	Urinalysis; two or three glass test		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
81025	Urine pregnancy test by visual color comparison methods		x	
84702	Gonadotropin, chorionic; quantitative		x	
84703	Gonadotropin, chorionic; qualitative		x	
84780	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; Candida species		x	May be billed with initial or annual visit only
85007	Blood count; manual differential WBC count (includes RBC morphology) and platelet estimation		x	May be billed with initial or annual visit only
85008	Blood count, manual blood smear examination without differential parameters		x	May be billed with initial or annual visit only
85009	Blood count; differential WBC count, buffy coat		x	May be billed with initial or annual visit only
85013	Blood smear, spun microhematocrit		x	May be billed with initial or annual visit only
85014	Blood smear, hematocrit		x	May be billed with initial or annual visit only
85018	Hemoglobin		x	May be billed with initial or annual visit only
85025	Blood Count, Complete CBC with automated differential WBC count		x	May be billed with a sterilization procedure only
85027	Blood count; automated differential WBC count, complete CBC, automated (Hgb, Hct, RBC, WBC, and platelet count)		x	May be billed with a sterilization procedure only
85032	Manual cell count (erythrocyte, leukocyte or platelet) each		x	May be billed with a sterilization procedure only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
86255	Fluorescent noninfectious agent antibody, screen, each		x	May be billed with a sterilization procedure only
86592	Syphilis test, non-treponemal antibody; qualitative (EG, VDRL, RPR, ART)		x	May be billed with initial or annual visit only
86593	Syphilis test, non-treponemal antibody; quantitative		x	May be billed with initial or annual visit only
86689	HTLV or HIV antibody		x	May be billed with initial or annual visit only
86694	Herpes simplex; non-specific type test		x	May be billed with initial or annual visit only
86695	Herpes simplex; type 1		x	May be billed with initial or annual visit only
86696	Antibody; herpes simplex type 2		x	May be billed with initial or annual visit only
86701	Immunoassay performed by multiple step method for the detection of antibodies to infectious agents-HIV-1		x	May be billed with initial or annual visit only
86702	Antibody HIV 2		x	May be billed with initial or annual visit only
86703	HIV-1&2		x	May be billed with initial or annual visit only
86780	Antibody; Treponema pallidum		x	May be billed with initial or annual visit only
87081	Culture, bacterial, screening only, for single organisms		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
87110	Culture, chlamydia		x	May be billed with initial or annual visit only
87164	Dark field examination, any source; includes specimen collection		x	May be billed with initial or annual visit only
87177	Smear, primary source, with interpretation, fluorescent and/or acid fast stain for bacteria, fungi, or cell types		x	May be billed with initial or annual visit only
87205	Smear, primary source with interpretation; gram or Giemsa stain for bacteria, fungi, or cell types		x	May be billed with initial or annual visit only
87206	Smear, primary source with interpretation fluorescent and /or acid fast stain for bacteria, fungi, or cell types		x	May be billed with initial or annual visit only
87207	Smear, primary source with interpretation, special stain for inclusion bodies or intracellular parasites (<i>e.g.</i> , malaria, kala azar, herpes)		x	May be billed with initial or annual visit only
87209	Smear, primary source with interpretation, complex special stain (<i>e.g.</i> , trichrome, iron hemotoxylin) for ova and parasites		x	May be billed with initial or annual visit only
87210	Smear, primary source with interpretation; wet mount for infections agents (<i>e.g.</i> , saline, India ink, KOH preps)		x	May be billed with initial or annual visit only
87220	Tissue examination for fungi		x	May be billed with initial or annual visit only
87270	Chlamydia trachomatis		x	May be billed with initial or annual visit only
87480	Candida species, direct probe technique		x	May be billed with initial or annual visit only
87481	Candida species, amplified probe technique		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
87482	Candida species, quantification		x	May be billed with initial or annual visit only
87490	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; Chlamydia trachomatis		x	May be billed with initial or annual visit only
87491	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; Chlamydia trachomatis, amplified probe technique		x	May be billed with initial or annual visit only
87510	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; Gardnerella vaginalis		x	May be billed with initial or annual visit only
87511	Gardnerella vaginalis, amplified probe technique		x	May be billed with initial or annual visit only
87512	Gardnerella vaginalis, quantification		x	May be billed with initial or annual visit only
87528	Herpes simplex, direct probe technique		x	May be billed with initial or annual visit only
87529	Herpes simplex, amplified probe technique		x	May be billed with initial or annual visit only
87530	Herpes simplex, quantification		x	May be billed with initial or annual visit only
87531	Herpes virus-6, direct probe technique		x	May be billed with initial or annual visit only
87532	Herpes virus-6, amplified probe technique		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
87533	Herpes virus-6, quantification		x	May be billed with initial or annual visit only
87534	HIV-1, direct probe technique		x	May be billed with initial or annual visit only
87535	HIV-1, amplified probe technique		x	May be billed with initial or annual visit only
87536	HIV-1, quantification		x	May be billed with initial or annual visit only
87537	HIV-2, direct probe technique		x	May be billed with initial or annual visit only
87538	HIV-2, amplified probe technique		x	May be billed with initial or annual visit only
87539	HIV-2, quantification		x	May be billed with initial or annual visit only
87590	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; Neisseria gonorrhoeae, direct probe technique		x	May be billed with initial or annual visit only
87591	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; Neisseria gonorrhoeae, amplified probe technique		x	May be billed with initial or annual visit only
87592	Neisseria gonorrhoea, amplified probe technique		x	May be billed with initial or annual visit only
87620	Papillomavirus, human quantification		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
87621	Infectious agent detection by nucleic acid; Bartonella henselae and Bartonella quintana, direct probe technique; papillomavirus, human, amplified probe technique		x	May be billed with initial or annual visit only
87622	Papillomavirus, human, direct probe technique		x	May be billed with initial or annual visit only
87660	Trichomonas vaginalis, direct probe technique		x	May be billed with initial or annual visit only
87797	Infectious agent detection by nucleic acid; not otherwise specified; direct probe technique, each organism		x	May be billed with initial or annual visit only
87850	Neisseria gonorrhea		x	May be billed with initial or annual visit only
88108	Cytopathology, concentration technique, smears and interpretation		x	May be billed with initial or annual visit only
88141	Cytopathology, cervical or vaginal; requires interpretation by a physician		x	May be billed with initial or annual visit only
88142	Cytopathology, cervical or vaginal; collected in preservative fluid; automated thin layer preparation, manual screening under physician supervision		x	May be billed with initial or annual visit only
88143	Cytopathology, manual screening & rescreening under physician supervision		x	May be billed with initial or annual visit only
88147	Cytopathology smears, screening by automated system under physician supervision		x	May be billed with initial or annual visit only
88148	Cytopathology, screening by automated system with manual rescreening		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision		x	May be billed with initial or annual visit only
88152	Cytopathology, slides, cervical or vaginal		x	May be billed with initial or annual visit only
88153	Cytopathology, slides, manual screening & rescreening under physician supervision (use in conjunction with 88142-88154, 88164-88167)		x	May be billed with initial or annual visit only
88154	Cytopathology, slides, computer assisted		x	May be billed with initial or annual visit only
88155	Cytopathology, slides, cervical or vaginal		x	May be billed with initial or annual visit only
88160	Cytopathology, smears, any other source		x	May be billed with initial or annual visit only
88161	Cytopathology, preparation, screening and interpretation		x	May be billed with initial or annual visit only
88162	Cytopathology, extended study involving over 5 slides and/or multiple stains		x	May be billed with initial or annual visit only
88164	Cytopathology, slides, cervical or vaginal (the Bethesda system); manual screening under physician supervision		x	May be billed with initial or annual visit only
88165	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and rescreening under physician supervision		x	May be billed with initial or annual visit only
88166	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening under physician supervision		x	May be billed with initial or annual visit only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
88167	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer assisted rescreening using cell selection and review under physician supervision		x	May be billed with initial or annual visit only
88172	Cytopathology evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)		x	May be billed with initial or annual visit only
88173	Cytopathology; interpretation and report		x	May be billed with initial or annual visit only
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision			
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision		x	May be billed with initial or annual visit only
88300	Level I - Surgical pathology, gross examination only		x	May be billed with a sterilization procedure only
88302	Level II - Surgical pathology, gross and microscopic examination		x	May be billed with a sterilization procedure only
88305	Level IV- Surgical pathology, gross and microscopic examination		N/A Only Used For Sexually Transmitted Infection Services	May be billed with a sterilization procedure only
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		x	May be billed with a sterilization procedure only

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory		x	May be billed with a sterilization procedure only
99071	Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to the physician		x	May be billed with a sterilization procedure only
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.		x	To be used for a new patient
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making.		x	To be used for a new patient
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity.		x	To be used for a new patient
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.		x	To be used for a new patient

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.		x	To be used for a new patient
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.		x	To be used for an established patient. May be used as supply visit by health departments
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.		x	To be used for established patient
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity.		x	To be used for established patient
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity.		x	To be used for established patient

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Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
99215	Office or other outpatient visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.		x	To be used for established patient
99238	Hospital discharge day management 30 minutes or less		x	To be used for established patient
99239	More than 30 minutes		x	To be used for established patient
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.		x	May be used when a provider refers a recipient to another provider for a sterilization procedure only
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making.		x	May be used when a provider refers a recipient to another provider for a sterilization procedure only
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity.		x	May be used when a provider refers a recipient to another provider for a sterilization procedure only
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.		x	May be used when provider refers a recipient to another provider for a sterilization procedure only

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.		x	May be used when provider refers a recipient to another provider for a sterilization procedure only
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes		x	Cannot be used on the same day as an office/clinic visit
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes		x	Cannot be used on the same day as an office/clinic visit
A4261	Cervical cap for contraceptive use	x		
A4266	Diaphragm for contraceptive use	x		
A4267	Contraceptive supply, condom male	x		
A4268	Contraceptive supply, condom, female	x		
A4269	Contraceptive supply, spermicide	x		
A4550	Major surgical tray (includes anesthesia injection)		x	
J0559	Injection, Penicillin G Benzathine And Penicillin G Procaine, 2500 Units	N/A Only Used For Sexually Transmitted Infection Services		
J0570	Injection, penicillin G benzathine, up to 1,200,000 units	N/A Only Used For Sexually Transmitted Infection Services		

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
J0696	Injection, ceftriaxone sodium, per 250 mg	N/A Only Used For Sexually Transmitted Infection Services		
J1055	Injection medroxyprogesterone acetate (Depo-Provera)	x		
J1056	Injection medroxyprogesterone acetate/estradiol cypionate 25 mg/5mg (Lunelle)	x		
J7300	Intrauterine copper contraceptive	x		
J7302	Levonorgestrel - release IU contraceptive 52 mg	x		
J7303	Contraceptive, hormone w/vaginal ring	x		
J7304	Contraceptive supply, hormone patch	x		
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	x		
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (new code for Implanon™)	x		
Q0091	Pap smear, handling fee- convey to lab		x	
Q0111	Wet mount		x	
Q0112	All potassium hydroxide (KOH)		x	
S3645	HIV-1 antibody testing of oral mucosal transudate		x	
S4981	Insertion of levonorgestrel-releasing intrauterine system		x	
S4989	Contraceptive intrauterine device	x		
S4993	Contraceptive pills for birth control	x		

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

Procedure/ HCPCS Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
S9445	Patient education, individual, not otherwise classified, non-physician provider		x	Code only allowed for Medicaid Adolescent Pregnancy Services (MAPPS)
S9446	Patient education, group, not otherwise classified, non-physician provider		x	Code only allowed for Medicaid Adolescent Pregnancy Services (MAPPS)
T1015	Clinic visit, encounter; all inclusive		x	Code only allowed for FQHC and RHC providers
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol		x	Code only allowed for Medicaid Adolescent Pregnancy Services (MAPPS)

Surgical Codes

Procedure Code	Description	Always considered family planning	Only considered family planning when used with a family planning diagnosis code and modifier	Comments
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes	x		
66.22	Bilateral endoscopic ligation and division or occlusion of fallopian tubes	x		
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes	x		
66.31	Other bilateral ligation and crushing of fallopian tubes	x		
66.32	Other bilateral ligation and division of fallopian tubes	x		
66.39	Other bilateral destruction or occlusion of fallopian tubes	x		

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

Diagnosis Codes

Diagnosis Code	Diagnosis Description
V25.01	Prescription – Oral Contraception
V25.02	Initiate Contraception NEC
V25.09	Family Planning Advice
V25.1	Insertion of IUD
V25.2	Sterilization
V25.40	Contraception Surveillance, NOS
V25.41	Contraception Pill Surveillance
V25.42	IUD Surveillance
V25.43	Implantable Subdermal Contraception
V25.49	Contraception Surveillance, Necessary
V 25.5	Family Planning Device
V25.8	Contraceptive Management, Necessary
V25.9	Contraceptive Management, NOS

Approved STI Drug List

Drug Name	Dosage	Drug Name	Dosage
Acyclovir	200 mg	Erythromycin Base	500 mg
Acyclovir	400 mg	Erythromycin ethylsuccinate	800 mg
Azithromycin	1 gm	Famcioclovir	250 mg
Azithromycin	2 gm	Fluconazole	150 mg
Benzathine Penicillin G	2.4 million units	Levofloxacin	250 mg
Butoconazole 2% cream	5 g intravaginally	Levofloxacin	500 mg
Ceftriaxone	2 gm	Metronidazole	2 g
Ceftriaxone	125 mg	Metronidazole	500 mg
Cefixime	400 mg	Ofloxacin	300 mg
Ciprofloxin	500 mg	Ofloxacin	400 mg
Clotrimazole 1% cream	5 g intravaginally	Tetracycline	500 mg
Clotrimazole	100 mg vaginal tablet	Tinidazole	2 g
Doxycycline	100 mg	Valacyclovir	1 g

Applicable copayments for STI treatment medications are the responsibility of the patient.

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

Approved Sexually Transmitted Infection (STI) Diagnosis Codes

STI Diagnosis	ICD-9 Code
Syphilis	
Genital syphilis (primary)	091.0
Primary anal syphilis	091.1
Other primary syphilis	091.2
Early syphilis, latent, serological relapse after treatment	092.0
Early syphilis, latent, unspecified	092.9
Syphilitic cervicitis	095.8
Chlamydia	
Other specified diseases due to Chlamydiae	078.88
Chlamydia trachomatis	099.41
Lower genitourinary sites	099.53
Gonorrhea	
Acute, or lower GU tract	098.0
Gonococcal infection (acute) of upper GU tract, site unspecified	098.10
Gonococcal cystitis (acute)	098.11
Gonococcal cervicitis (acute)	098.15
Gonococcal endometritis (acute)	098.16
Gonococcal salpingitis, acute	098.17
Other	098.19
Chronic, of lower GU tract	098.2
Chronic, gonococcal infection of upper GU tract, site unspecified	098.30
Gonococcal cystitis, chronic	098.31
Gonococcal cervicitis, chronic	098.35
Gonococcal endometritis, chronic	098.36
Gonococcal salpingitis (chronic)	098.37
Other	098.39
Gonococcal infection of pharynx	098.6
Gonococcal infection of anus and rectum	098.7
Herpes	
Genital herpes	054.10
Herpetic vulvovaginitis	054.11
Herpetic ulceration of vulva	054.12
Candidiasis	
Of vulva and vagina	112.1
Of other urogenital sites	112.2

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, MODIFIERS, AND APPROVAL REQUIREMENTS

STI Diagnosis	ICD-9 Code
Trichomoniasis	
Urogenital trichomoniasis, unspecified	131.00
Trichomonal vulvovaginitis	131.01
Trichomonal urethritis	131.02
Other	131.09
Other specified sites	131.8
Trichomoniasis, unspecified	131.9

One course of STI (antibiotic treatment) from the approved list for each organism identified above is allowed per calendar year under the South Carolina Family Planning Waiver. These STIs must be diagnosed during an initial or annual family planning waiver office visit.

The physician must write the diagnosis code on the patient's prescription in order for the pharmacy to fill it. Any applicable copayments for the medications will be the responsibility of the recipient.