

## Medicaid Family Planning Waiver Services CPT Codes and ICD-10 Diagnosis Codes

CPT Code	Description of Covered Codes
<b>Evaluation and Management</b>	
99384FP	Family planning new visit
99385FP	
99386FP	
99394FP	Family planning established visit
99395FP	
99396FP	
99401FP	HIV counseling (pre-test) 15 min
99402FP	HIV counseling (post-test) 30 min
99403FP	Family planning counseling visit
99211FP	Family planning supply visit
99202	Extended family planning services-new patient (treatment of STI)
99211	Extended family planning services-established patient (treatment of STI)
<b>Medication/Device</b>	
J1050	Injection medroxyprogesterone acetate (Depo-Provera)
J7300	Intrauterine copper device (Paraguard)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
J7307	Etonogestrel implant system, including implant and supplies (Nexplanon)
J7296	Levonorgestrel-releasing intrauterine contraceptive (Kylenna), 19.5 mg
<b>Anesthesia, Surgical and Radiology</b>	
00840	Anesthesia for Intraperitoneal procedures in lower abdomen including laparoscopy
00851	Anesthesia for tubal ligation/transection
11976	Removal of implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
57170	Diaphragm or cervical cap fitting with instructions
57410	Pelvic examination under anesthesia
57452	Colposcopy of the cervix
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage
57460	Colposcopy with loop electrode biopsy(s)
58300	Insertion of intrauterine device
58301	Removal of intrauterine device
58340	Catheterization and introduction of saline or contrast material for saline infusion for hysterosalpingography
58600	Ligation or transection of fallopian tube(s)
58615	Occlusion of fallopian tube(s) by device (e.g. band, clip, Falope ring)
58670	Surgical laparoscopy, with fulguration of oviducts (with or without transection)
58671	Surgical laparoscopy, with occlusion of oviducts by device (e.g. band, clip, or Falope ring)
74740	Radiological supervision and interpretation x-ray of uterine tubes and ovaries
76856	Ultrasound of pelvis, non-obstetric (to check placement of intrauterine devices)

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76882	Ultrasound of extremity, limited, anatomic specific (to check for implantable contraceptive device)
	<b>Laboratory</b>
81000	Urinalysis, non-automated, with microscopy
81001	Automated, with microscopy
81002	Non-automated, without microscopy
81003	Automated, without microscopy
81005	Urinalysis; qualitative or semi-qualitative
81007	Urinalysis; bacteriuria screen, by kit
81015	Urinalysis; bacteriuria screen, microscopic only
81025	Urine pregnancy test, by visual color comparison
82947	Glucose; quantitative, blood
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Gonadotropin, chorionic (hCG); qualitative
85007	Blood count; manual differential WBC count
85014	Hematocrit
85018	Hemoglobin
86255	Fluorescent antibody; screen, each antibody (HIV & herpes)
86382	Neutralization test, viral
86403	Rubella screen (IgG)
86580	Tuberculosis, intradermal
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test; quantitative
86689	HTLV or HIV antibody, confirmatory test (western blot)
86694	Herpes simplex, non-specific type test
86695	Herpes simplex, type 1
86696	Herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single assay
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86762	Rubella titer
86780	Treponema pallidum
86803	Hepatitis C antibody
87070	Culture, bacterial, definitive; any other source (GC)
87075	Culture, bacterial, any source; anaerobic (isolation)
87081	Culture, bacterial, screening only (GC)
87086	Culture, bacterial, urine; quantitative, colony count
87088	Culture, bacterial, urine; quantitative colony count, with isolation and presumptive identification of each isolate
87110	Culture, chlamydia
87164	Dark field examination, any source, includes specimen collection
87205	Smear, primary source, with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; (gonorrhea)
87206	Smear, primary source, with interpretation; (chlamydia)

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87210	Smear, primary source, wet mount isolation, with stain
87252	Virus identification; tissue culture inoculation & observation
87270	Infectious agent antigen detection by immunofluorescent technique, chlamydia trachomatis
87273	Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 2
87274	Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 1
87340	Hepatitis B surface antigen (HBsAg)
87341	Hepatitis B surface antigen (HBsAg) neutralization
87350	Hepatitis Be antigen (HBeAg)
87390	HIV-1
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87516	Hepatitis B virus, amplified probe technique
87520	Hepatitis C virus, direct probe technique
87521	Hepatitis C virus, amplified probe technique
87522	Hepatitis C virus, quantification
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87623	HPV low-risk type detection test
87624	HPV high-risk type detection test
87660	Trichomonas vaginitis, direct probe technique
87661	Trichomonas vaginitis, amplified probe technique
87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
88141	Cytopathology, cervical or vaginal (any system) requiring physician interpretation
88142	Cytopathology, cervical or vaginal (preservative fluid) under physician supervision
88143	Cytopathology, cervical or vaginal with manual screen & re-screen under physician supervision
88150	Cytopathology, slides, cervical or vaginal, manual screen under physician supervision
88152	Cytopathology, slides, cervical or vaginal with manual screening and computer-assisted rescreen under physician supervision
88153	Cytopathology, slides, with manual screen & re-screen under physician supervision

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88155	Cytopathology, slides, cervical or vaginal, with definitive hormonal evaluation
88164	Cytopathology, slides, cervical or vaginal, (Bethesda System); with manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (Bethesda System);with manual screen & re-screen under physician supervision
88166	Cytopathology, slides, cervical or vaginal (Bethesda System), manual screen & computer-assisted re-screen under physician supervision
88167	Cytopathology, slides, cervical or vaginal, (Bethesda System), using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal, (any reporting system), collected in preservative fluid, automated thin layer preparation, screen by automated system, under physician supervision
88175	With screen by automated system and manual rescreening or review, under physician supervision
88302	Level II surgical pathology, gross and microscopic (sterilization)
88305	Level IV surgical pathology, gross and microscopic (colposcopy)
<b>ICD-10 Code</b>	<b>Description of Covered Diagnosis Codes</b>
A51	Early syphilis (Select appropriate diagnosis code)
A51.0 – A51.9	
A53.9	
A60	Anogenital herpesviral(herpes simplex) infections (Select appropriate diagnosis code)
A60.0 - A60.9	
A54	Gonococcal infection (Select appropriate diagnosis code)
A54.0 – 54.21	
A54.24 – A54.29	
A54.5 – A54.6	
A54.9	
A55	Chlamydial Infections (Select appropriate diagnosis code)
A56.0 – A56.8	
A74.89-A74.9	
A57	Chancroid
A58	Granuloma Inguinale
A59	Trichomoniasis (Select appropriate diagnosis code)
A59.0 – A59.9	
A60	Anogenital herpesviral Infections (Select appropriate diagnosis code)
A60.00	
A60.03–A60.9	

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A63	Other predominantly sexually transmitted diseases, not elsewhere classified (Select appropriate diagnosis code)
A63.0 - A64	
B37	Candidiasis (Select appropriate diagnosis code)
B37.3-B37.49	
B07.8-B07.9	Other viral warts
N34.1	Nonspecific urethritis
N86	Erosion and ectropion of cervix uteri
N87.0 - N87.9	Cervical dysplasia
N87.1	Moderate cervical dysplasia
N87.9	Dysplasia of cervix uteri, unspecified (Select appropriate diagnosis code)
N88	Other noninflammatory disorders of cervix uteri (Select appropriate diagnosis code)
N88.0 - N88.9	
R87.6	Abnormal cytological findings in specimens from female genital organs (Select appropriate diagnosis code)
R87.610 - R87.9	
Z01.41	Encounter for gynecological examination (Select appropriate diagnosis code)
Z01.411 - Z01.42	
Z11.5	Encounter for screening for other viral diseases (Select appropriate diagnosis code)
Z11.51-Z11.9	
Z30	Encounter for contraceptive management (Select appropriate diagnosis code)
Z30.0 - Z30.09	
Z30.2	Encounter for sterilization
Z32.0	Encounter for pregnancy test (Select appropriate diagnosis code)
Z32.00- Z32.02	